

PREP your family for an emergency!

First Name(s)		Last Name
Address		City, State ZIP
Home Phone	Work Phone	Cell Phone
Email Address		
Emergency Contact		
Emergency Contact Phone		
Are you the owner of this prop	oerty Y / N	Is this a rental property? Y / N
If this is a rental, please list co	ontact informa	tion for renter below.
# in Household Are	e there any nor	n-English speaking household members? Y / N
Are any household members disa	bled or require s	pecial assistance in the event of an emergency? Y / N
Describe special assistance ne	eded (i.e. on o	xygen, wheelchair-bound)

Do you have any special skills or equipment that might be helpful in the event of an emergency? If so, and you are willing to assist, please describe______

Thank you for your cooperation. Please watch for more information regarding PREP in the Call of the Pewee.

Return your completed form to: City Clerk, 312 Mt. Mercy Drive, P. O. Box 769, Pew ee Valley, KY 40056