

CITY OF YELM EMERGENCY MANAGEMENT

Name	Age	Phone #
Home Address (Physical and Mailing Address)		
Other Individuals Living In The Residence And Ages (if any)		
Nearest Relative or Emergency Contact Person	Phone #	

Are there any animals living in the residence? If yes, please list type and number of each animal. _____

Is your home on an individual well or on City water? _____

What types of heat does your home currently have? (Wood, electric, propane, other) _____

Are there any persons in your home with medical conditions which require continual use of electricity or water for their care? Are there physical limitations which require assistance for mobility such as a wheelchair, power-scooter or walker? If yes, please briefly explain specific needs. _____
