

City of Bradbury

Citywide Disaster Data Survey



Please be advised that all information is voluntary and kept confidential.

Contact Information

Name: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email 1: _____

Email 2: _____

Business Address/Phone: _____

Questionnaire


1. Please list all permanent residents in the household/property.

Name	Relationship

2. Please list other residents that live in the household/property (e.g. guests, employees, etc.)

Name	Relationship

3. Please list any special medical needs (e.g. respirator, refrigeration of medicine, wheelchair bound, etc.)

Please continue onto the next page... 

4. Are there any services/skills you can offer in case of an emergency?

- Medical background (*e.g. doctor, registered nurse*)
- Mental Health
- Animal Care (*e.g. veterinarian, knowledge of large animal evacuations*)
- First Aid/CPR/AED Certified
- HAM Radio Operator

Trade Skills (*e.g. woodwork, electrical*) Please specify:

Other: _____

5. Please list any emergency equipment and/or supplies you would be willing to contribute in an emergency (*e.g. first aid kit, tractors, chainsaws, generators, pool pumps, etc.*).

6. Please list animals/pets that live on the property.	
Type of Animal	Quantity

7. A. How will you transport your animals during an emergency event (*e.g. horse trailer*)? Where is the designated place to hold your animals during an evacuation?

B. Do you have space to transport and/or house neighbors' pets? If so, please specify.

8. Please describe utility shut-off locations (*e.g. gas shut-off is on the right side of the house, toward the rear*).

Gas: _____
Water: _____
Electricity: _____

9. Please include any additional information/suggestions you would like to provide first responders.

