

QUAIL RUN HOMEOWNERS ASSOCIATION
EMERGENCY RESPONSE PLANNING
COURTYARD QUESTIONNAIRE

Owner(s) Name(s): _____ Address: _____ Court: _____

List below all residents living at this address who will need to be accounted for and/or evacuated in the event of an emergency (e.g., fire, gas leak, earthquake, hazardous chemicals spill, ice storm).

_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Phone: _____ Cell Phone(s) _____

Email Address: _____ Cell Phone(s) _____

Emergency Contact: List persons you want contacted in an emergency. We suggest identifying a person who lives outside this region in the event of a large disaster such as an earthquake.

Name: _____ Home Phone: _____ Cell: _____

Name: _____ Home Phone: _____ Cell: _____

1. Does any member of your household have special needs that will need to be addressed in the event of an emergency (e.g., oxygen, wheelchair)? If yes, please list their name and what services or supplies they need.

_____	_____	_____
_____	_____	_____

2. Are there times of the year when you are away from Quail Run for extended periods of time? If yes, please indicate when you may be absent from home so that, in the event of a serious event, we can ensure everyone has been accounted for and/or evacuated.

_____	_____	_____
_____	_____	_____

3. Do you have a pet living in your residence that you want accounted for? If yes, please list pet's name and species.

_____	_____	_____
_____	_____	_____

This information will only be available to your Court Captain and the Quail Run Office.