



# Sierra del Mar Property Owners Association

21820 Atrium Blvd., Boca Raton, FL 33433

## DISASTER PREPAREDNESS INFORMATION SURVEY

Completion of this form is not mandatory but will help us assist our residents in case of emergency. Please return the completed form to David Slavin Property Mgr - dslavin@grsmgt.com —thank you!

Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Other phone #s \_\_\_\_\_

Persons residing at this address:

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ Name \_\_\_\_\_ age \_\_\_\_\_

Are you a year round resident?  YES  NO

If no, please provide alternate ph# \_\_\_\_\_ and alternate address \_\_\_\_\_

Do you have pets in your Sierra del Mar home?  YES  NO

If yes, please provide description and names. \_\_\_\_\_

Please provide the name of anyone in your home who has a disability, may require special medicine or equipment. \_\_\_\_\_

Physician's name and contact information for family members  
\_\_\_\_\_

Does anyone locally have a key to your home?  YES  NO

If yes, please provide name and phone number \_\_\_\_\_

If a major hurricane is headed this way, do you plan to stay?  YES  NO

In case of emergency, whom would you like us to contact?

Name \_\_\_\_\_ (relationship) \_\_\_\_\_ phone# ( ) \_\_\_\_\_

Are you interested in serving as a "block captain" in Sierra del Mar?  YES  NO

Do you have medical or first aid training or know CPR?  YES  NO

If yes, please provide additional info \_\_\_\_\_  
\_\_\_\_\_

If needed during an emergency can you possibly provide:

Refrigerator for storing medical supplies \_\_\_\_\_ Generator \_\_\_\_\_ Portable Gas Grill \_\_\_\_\_ Fire Extinguisher \_\_\_\_\_ Gas powered chain saw \_\_\_\_\_ Axe \_\_\_\_\_ Other \_\_\_\_\_