

Sierra del Mar Property Owners Association 21820 Atrium Blvd., Boca Raton, FL 33433

DISASTER PREPAREDNESS INFORMATION SURVEY

Address Other phone #s Persons residing at this address: age Name age Do you have pets in your Sierra del Mar home? YES< Please provide description and names.	Name		Home phone	
Name age Name age Are you a year round resident? PYES NO If no, please provide alternate ph# and alternate address Do you have pets in your Sierra del Mar home? PYES NO If yes, please provide description and names.			Other phone #s	
Name age Name age Are you a year round resident? YES NO If no, please provide alternate ph# and alternate address age Do you have pets in your Sierra del Mar home? YES NO If yes, please provide description and names.	Persons residing at this address:			
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Name age Name age Are you a year round resident? YES NO If no, please provide alternate ph# and alternate address				
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 media 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 If yes, please provide additional info	Name	_ age	Name	age
If yes, please provide description and names				
equipment				
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				quire special medicine
If yes, please provide name and phone number	Physician's name and contact informat	tion for f	amily members	
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				
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If needed during an emergency can you possibly provide: Refrigerator for storing medical supplies Generator Portable Gas Grill Fire E guisher Gas powered chain saw Axe Other	Refrigerator for storing medical supplie	es	Generator Portable Ga	