



595 Main St. Aumsville, Oregon 97325
(503) 749-2030 • TTY 711 • Fax (503) 749-1852
www.aumsville.us

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I/this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT

Name:		DOB:
Street Address:		
City:	State:	Zip Code:
Email address:		
Home #	Cell #	<input type="checkbox"/> Please Text

Please check each box that applies

<input type="checkbox"/> Mobility Issues	<input type="checkbox"/> Medical assistance device which requires electricity
--	---

Relative or other person we can notify to help you in the event of an emergency or evacuation:

Name:		
Street Address:		
City:	State:	Zip Code:
Email address:		
Home #	Cell #	Work #

I understand that my participation in this registry is voluntary, and that all information I provide will only be used for emergency planning and response purposes. I can ask that my name be removed at any time by contact the City of Aumsville with this request. This information is to aid emergency responders, registration does not guarantee emergency services will be rendered during an emergency or disaster. I understand that it is my responsibility to make emergency preparations, including provision of medications, medical equipment and supplies, and dietary items. I understand that I should call 911 if I am in an emergency. I confirm that this information is true and correct and if this information changes I will promptly contact the City of Aumsville with updated.

Signature: _____ Date: _____

Printed Name: _____