

DISASTER CARD APPLICATION

NAME _____
Local Address _____

If Not Full-time Resident,
Permanent Address _____

(If Applicable)
Local Employer _____
Address _____ Phone _____

Number Cards Requested _____

* In the event of evacuation, reverse 911 will be used to provide valuable information.

-FOR OFFICE USE ONLY-

Verified By _____ Date _____
Staff Signature

Check One

- _____ Driver's License #
- _____ Sanitation Billing
- _____ Employer's or Landlord Verification
- _____ Other

I do not have transportation in the event of an evacuation. I will be prepared to evacuate when a storm enters the Gulf of Mexico. I do _____ do not _____ required any special medical or mobility assistance. I accept responsibility to check with City Hall (749-4111) for information concerning when I will be evacuated.

Signature