



Nueces County  
**Hurricane Reentry Request Form**

View entire reentry guidance at [www.co.nueces.tx.us/emergency/](http://www.co.nueces.tx.us/emergency/)

I have reviewed the hurricane reentry guidance and request the following status for my organization (*individuals will not be considered*)

\_\_\_\_\_ **Exemption** (*all remaining personnel will be further classified as either Tier 1 or 2*)

\_\_\_\_\_ **Tier 2 Authorization**

*Please complete the following information:*

Company or Organization Name: \_\_\_\_\_

Mailing Address line 1: \_\_\_\_\_

Mailing Address line 2: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

*Physical location of place of business or assumed base of operations during operations:*

Address: \_\_\_\_\_

Latitude/Longitude: \_\_\_\_\_

Emergency 24 Hour Phone: \_\_\_\_\_

Emergency Communications Details (*describe or attach emergency communications plan*):

Reason for request (*describe purpose for request and emergency function to be performed in mandatory evacuation area*):

## *Nueces County Hurricane Reentry Request Continued*

I represent the above named organization and verify the existence of a written plan that makes provisions for emergency communications, adequate food, water, shelter and basic emergent medical needs for a minimum of 72 hours post landfall for all personnel remaining in the area under a mandatory evacuation order. We further recognize that this plan is subject to verification and review by the authorizing official.

By requesting authorization for exemption from evacuation and/or Tier 2 authorization, our organization acknowledges the inherent risks associated with hurricanes and assumes all applicable liability for death or injury to employees required to stay or work within the evacuation zone.

I further acknowledge that we may be required to provide a list of personnel in receipt of issued letters to the authorizing official if requested.

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This request should be mailed or delivered to the appropriate authorizing official.

Nueces County  
Office of Emergency Management  
*Serving all unincorporated areas of Nueces  
County and the Cities of Agua Dulce,  
Driscoll and Petronilla*  
901 Leopard St. #303  
Corpus Christi, TX 78401

City of Bishop  
Office of Emergency Management  
203 East Main Street  
PO BOX 666  
Bishop, TX 78343

City of Corpus Christi  
Office of Emergency Management  
2406 Leopard St. #400  
Corpus Christi, TX 78408

City of Port Aransas  
Office of Emergency Management  
710 West Avenue A  
Port Aransas, TX 78373

City of Robstown  
Office of Emergency Management  
516 Avenue B  
Robstown, TX 78380

### **ATTACHMENT 3: Required Agency Credentials**

All personnel working in the impact area shall carry proper credentials and identification on their person at all times. Recommended agency identification/credentials are established as follows:

#### **All**

- State issued driver's license or identification card
- Proof of deployment orders, mission assignment or other similar documentation authorizing work assignment in the impacted area for the designated incident.

#### **Governmental Employees:**

- Agency Photo Identification.
- Designation of "essential" or "disaster personnel" should be prominently displayed.
- Local volunteer personnel such as fire department/emergency services district personnel should possess applicable locally recognized identification as appropriate.

*(Local governmental and/or voluntary agencies lacking agency identification should contact the Coastal Bend Council of Governments for details regarding available identification solutions)*

#### **Private/VOAD Organizations:**

- Agency identification with photo.
- Tier 2 Level Essential Personnel Authorization Letter and/or company designation letter detailing the employee essential function and to the extent possible defining the geographic area where work is to be performed.

#### **Additional**

- Employees performing work that requires special credentialing/licensing should be prepared to produce credentials as required by the certifying agency. (TCLEOSE, DSHS license/certification, TCEQ, etc.)