

# Cope Neighborhood Team Census Form

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Single Family Detached  Multiplex  Swimming Pool

Are you capable of manually opening your garage door?  Yes  No

Names of Residents / Mobility Limitations / Critical Needs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Pets

\_\_\_\_\_  
\_\_\_\_\_

Knowledge and Skills (medical, communications, trades, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Special Equipment (generator, chain saw, pry bar, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Shutoff Location of Electricity: \_\_\_\_\_

Water: \_\_\_\_\_

Gas: \_\_\_\_\_

Is there a shutoff wrench at the gas meter?  Yes  No

Specific Fire Dangers (wood shingle roof, flammable vegetation, toxic or flammable substances stored in home or garage, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you want to have someone contacted in an emergency if you cannot?  Yes  No

Emergency Contacts (Name, Relationship, And Phone Number)

\_\_\_\_\_  
\_\_\_\_\_

Other Important Family / Household Information

\_\_\_\_\_  
\_\_\_\_\_