

EMERGENCY MANAGEMENT OPERATIONS FORM

YOUR NAME _____ AGE _____

STREET ADDRESS _____

West Easton EMERGENCY TEXT ALERT SYSTEM (Text message to cells/Voice to landlines.
NOTE! Cells must be able to accept text messages!)

I DO NOT WISH TO RECEIVE ALERTS BY EITHER LANDLINE OR PHONE (CHECK HERE) _____

MY PHONE # _____ Cell? _____ OPT-IN for ALERT SYSTEM (Check) _____

OTHER ADULTS IN RESIDENCE:

NAME _____ PH# _____ AGE _____ Cell? _____ OPT-IN _____

NAME _____ PH# _____ AGE _____ Cell? _____ OPT-IN _____

*Do we have permission to share medical information with the Police Chief and Fire Chief?
(Check indicates, "Yes"). This will save them time in the event of an emergency response.

Children in Residence _____ Pets in Residence _____ *Medical Conditions _____

Number of Children Residing In Home _____ Ages of Each _____, _____, _____, _____, _____

Bedroom Locations of Children (ex., "Upstairs, back east window") _____

Pets In Residence: How Many? _____ Types _____

Notes about Pets (ex., "Hides when scared", "Not Friendly", etc.): _____

IF YOU, OR ANYONE IN YOUR HOME HAS A MEDICAL CONDITION THAT EMERGENCY
PERSONNEL SHOULD BE AWARE OF, PLEASE LIST THE NAME, AGE, AND CONDITION:

Live alone? _____ Would you like a check on your welfare, during an emergency? _____

FORM INSTRUCTIONS AND PRIVACY INFORMATION

The information you provide is for use by The Borough of West Easton's Emergency Management Operation (EMO).

An EMO is a creation of plans through which communities reduce vulnerability to hazards and cope with disasters. This information would also be helpful to police and firefighters, as well. Unless first responders know the family well, they have no idea how many people reside at the residence, or which part of the residence should be checked first in the event of an emergency. Ideally, we would like to have an EMO Form returned from every residence in the borough, both owners and renters.

Please list any information that would be helpful not only in the event of a fire, but in any emergency, as well.

In addition to full names, your address, and phone numbers, information should include any health issues, or special needs that First Responders should be aware of (Alzheimer's, Autism, unable to walk, deaf, etc.). Please be as detailed as possible and attach a separate sheet of paper, if needed, so that each situation can be evaluated to the best of our ability.

We also ask if you live alone and would like a welfare check during an emergency. This information will help us make sure no one is forgotten during extended periods without heat or electricity (as we all experienced after Superstorm Sandy).

YOUR INFORMATION IS NOT PUBLIC INFORMATION!

EMERGENCY TEXT ALERTS (You must choose to "Opt-In")

Our EMO now includes an Emergency Text Alert System for residents of West Easton (If you have a care provider, you can include their name and number with their permission). You can have text messages sent to your cell phone (your service plan must have text messages enabled), or the message sent to your landline in voice form (the incoming number may be displayed as an "844" prefix, or be identified as, "1-800 Service"). If you indicate the phone number you provide is NOT a cell phone ("NO") and still Opt-In for the service (Check mark), we will assume it is a landline phone and a voice message will be delivered. PLEASE MARK IT CORRECTLY! Landline voice messages are not delivered to a cell phone. Please feel free to check with our office staff if you have any questions.

The Emergency Text Alert System is only sent to residents who Opt-IN. There is no West Easton fee for this service, but text messages are subject to any contract fees you may incur from your cell phone service provider.