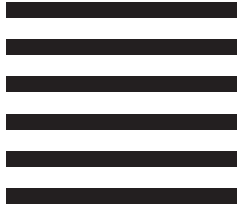




NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 HAHNVILLE, LA

POSTAGE WILL BE PAID BY ADDRESSEE
ST CHARLES PARISH EMERGENCY PREPAREDNESS
ST JOHN PARISH EMERGENCY MANAGEMENT
CENTRALIZED MAILING ADDRESS
P O BOX 302
HAHNVILLE, LA 70057-9904



SPECIAL NEEDS INFORMATION

If you, other members of your family, or someone you know would need special help in an evacuation, please fill out this card and mail it to the indicated agency. Please check the appropriate box(es). If further information is needed please contact either the St. Charles Parish Department of Emergency Preparedness at (985) 783-5050 or the St. John Parish Emergency Management at (985) 652-2222.

THE PERSON WHOSE NAME IS ON THIS CARD:

- Is blind or visually impaired and needs transportation because he/she does not drive and does not have a friend or relative who can help in an evacuation, or cannot walk to a designated pickup point.
- Is deaf or hard of hearing and needs special notification because he/she does not hear the outdoor warning sirens and does not have a relative or neighbor who can notify them in times of emergencies.
- Is handicapped and will need assistance evacuating. Please specify type of handicap: _____
- Utilizes TTY/TDD equipment at their home location. If so, what is the phone number for this equipment? _____
- Has at least one of the above conditions and is the owner of a pet/animal. Is this a service animal (ex. seeing eye dog)?
If so, what kind? _____

The information provided will help your Emergency Preparedness Officials plan for your special needs during an evacuation. You may be contacted to verify the information provided. Also, all information given is confidential. IF YOU DO NOT HAVE A TELEPHONE, PLEASE SUPPLY THE NUMBER OF A NEARBY FRIEND OR RELATIVE.

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____ TOWN: _____ LA ZIP CODE: _____