



Please fill out the form below so that we can communicate and work together to assist one another during catastrophic events.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Names of additional persons who reside at this address (children, parents, relatives). Please note ages and special needs, if any.

Name	Age	Special Needs?

Email address(es) (main contact method) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Additional \_\_\_\_\_

Name and type of pet(s) who reside at this same address

Pet Name 1	Type	Pet Name 2	Type	Pet Name 3	Type

**OUT OF THE AREA EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does any member of your household have any skills helpful during a catastrophic event, such as medical training, CPR/First Aid training, CERT training, ham radio training, ability to speak other languages, crisis counseling training, carpentry/repair skills?

Do you have equipment you would be willing to share during a catastrophic event, such as a generator, HAM radio, tools, etc.?

NOTE: The information above will be provided to your HNN Neighborhood Leads and city safety workers for emergency use only; it will not be distributed for other purposes. You may opt out by indicating which information you would like to exclude from the directory below.

- Your name     Names of others at your home     Email address(s)     Phone number(s)     Pets

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN FORM TO: HNN**

1600 Floribunda, Hillsborough, CA 94010  
**hnn@hillsborough.net** or Neighborhood Lead  
 HNN WEBSITE  
<http://www.hillsborough.net/depts/boards/hnn.asp>