

Landaff Emergency Information Form

In an effort to assist Landaff residents in the event of an emergency, the Town of Landaff is hoping to collect important information. This information will be kept Confidential and accessed only for the purposes of assisting individuals in the event of an emergency.

Please Note: This information is being requested on a voluntary basis.

Please Complete the following form and return it to the Landaff Town Office, 12 Center Hill Rd., Landaff NH 03585.

Landaff Street Address:

Owner's Name:

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Home Phone #: _____ **Cell Phone#:**

E-Mail address:

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Is the a Full-Time, Seasonal, or Rental Residence?

Please circle all items that apply to your household situation. Again this information is being gathered in hopes of being able to successfully assist in the event of an emergency and will NOT be used for any other purposes.

OXGEN IN HOME MOBILITY COGNITIVE INFANT
ELDERLY MEDICAL

Please Circle Yes or No for the following:

If Power is lost, do you have a Generator? YES NO

If power is lost, do you have an alternative heat source? YES NO

Would you be interested in helping out in the event of an emergency? YES NO

Thank You for filling out and returning the form.

Respectfully,
Marilyn Booth
Emergency Management Director
Town of Landaff