

PRESORTED STANDARD
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RICHMOND, VA
PERMIT #320

IMPORTANT !
WOULD YOU NEED SPECIAL HELP
IN AN EMERGENCY?

YOUR CITY/TOWN'S ANNUAL
EMERGENCY "SPECIAL NEEDS"
REGISTRATION FORM IS INSIDE
RETURN POSTAGE PAID

IMPORTANTE!

¿Requiere de asistencia especial
en caso de emergencia?

Adentro encontrará la encuesta anual
de su ciudad sobre requerimientos
especiales para emergencias
FRANQUEO PAGADO

ADDITIONAL INFORMATION: www.ct.gov/demhs or 800-397-8876

▲ TAPE HERE TO RETURN



CT Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security
1111 Country Club Road
Middletown, CT 06547

This survey has been prepared in cooperation with the State
of Connecticut Department of Emergency Services and
Public Protection, Division of Emergency Management and
Homeland Security, your city/town's Emergency Management
Official and Millstone Power Station.

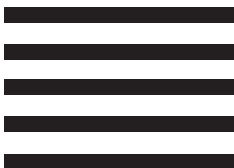
**Remember: If you hear a steady siren tone for 3 minutes or more, turn
on a radio or TV and tune to a local Emergency Alert System (EAS) station
for official information and instructions on the specific emergency.**



MIDDLETOWN CT 06457-9903
1111 COUNTRY CLUB RD
CT DESPP DEMHS REP UNIT

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 18001 MIDDLETOWN, CT



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



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Do you have special needs that would require help in an emergency or evacuation? If "yes," please fill out the survey below.

This survey is for individuals living within the approximate 10-mile Emergency Planning Zone (EPZ) of Millstone Power Station in Waterford, CT. **Additional information can be found in the booklet "Safety Planning Information for Neighbors of Millstone Power Station". (See pages 1-3 in the Fishers Island phone book.)**

Please complete and return this yearly survey – even if you have done so before. Check the New Survey box below if this is the first time you are completing this survey or haven't done so in years. The survey is given to your city/town's Emergency Management Official to ensure that there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. When special assistance is no longer needed, the local Emergency Management Official should be notified. **The form should only include information regarding impairments that will impede self-evacuation from your home.**

DETACH HERE AND MAIL BOTTOM PART

THIS INFORMATION WILL BE KEPT CONFIDENTIAL


I / this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT


name		date
street address		
city	state	zip code
phone number	primary () alternate ()	*TDD/TTY () *Telecommunication device for the deaf/Text Telephone
If you are a part-time resident (i.e., summer only), please list the months you are living at this address: From: _____ To: _____		

Please mark an "X" in each box that applies.


This is a new survey, or one that hasn't been updated in years.

Need assistance for evacuation for the following reasons:

 Hearing impaired and need assistance for evacuation.

 I use a wheelchair and need an accessible ride.
 Folding Wheelchair
 Electric Wheelchair


Childcare Provider Needs Assistance with transport of Children. How many? _____

 Sight impaired and need assistance for evacuation

 Use *TDD/TTY

Life Support Device and need special assistance. (Explain) _____

 Confined to bed.

 Need a ride for evacuation.

Other needs that will prevent prompt evacuation. (Explain) _____
(Livestock, pets, language translation, etc.)

Name of person completing this survey _____ Phone: () _____

Relative or other person we can notify to help you in the event of an emergency or evacuation:

name		
street address		
city	state	zip code
phone number	primary () alternate ()	*TDD/TTY ()

FOLD HERE