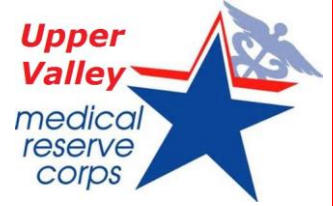


Family Emergency Plan



Address: _____

Family Members:

_____	Contact: _____
_____	Contact: _____
_____	Contact: _____
_____	Contact: _____

Pets: _____

Emergency Meeting Locations:

Primary: _____
Secondary: _____

Emergency Contact:

Special Medical Information:

Home Hazards:

Utility Shutoffs:

Electric Main Breaker: _____
Gas Shutoff: _____
Water Shutoff: _____
Other: _____

Family Emergency Preparedness Kit Location:

Community Evacuation Route:

Community Shelter:

Other Contacts:

_____	_____
_____	_____
_____	_____