

CONTACT INFORMATION

Block # _____ House # _____

Primary Contact _____ Email _____ Cell # _____

Out of State Contact _____ Email _____ Cell # _____

Your Address _____ Home# _____ Work# _____

Adult _____ Email _____ Cell# _____

Adult _____ Email _____ Cell# _____

Adult _____ Email _____ Cell# _____

Children _____ , _____ , _____ , _____

Special Needs _____ Pets _____ Other _____

Skills & Knowledge												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First Aid Training	Nurse/Doctor	Child Care	Elder Care	Search/Rescue	Counseling	Plumber	Carpenter	Electrician	Fire Fighting	Organizing	HAM Radio Callsign	Other

Supplies & Equipment																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Extinguisher	First Aid Kit	Crutches Wheelchair	Walkie-talkie	Weather Radio	Tent/spare bedding	Strong Rope, tarp	Chain Saw	Camp Stove, grill	Wood Stove, Fireplace	Ladder	Crowbar	Flashlight, Candles	Batteries	Solar charger	Generator	Boat, canoe	Other

At your Neighborhood Ready! meeting, please give your Neighborhood Host your completed contact information. Remember to initial the boxes in Skills & Knowledge and Supplies & Equipment section. This information will be consolidated by your Neighborhood Host with your neighbors' information and returned to you. Only include information that you wish to share with your neighbors. None of your information will be shared with anyone except your neighborhood block.

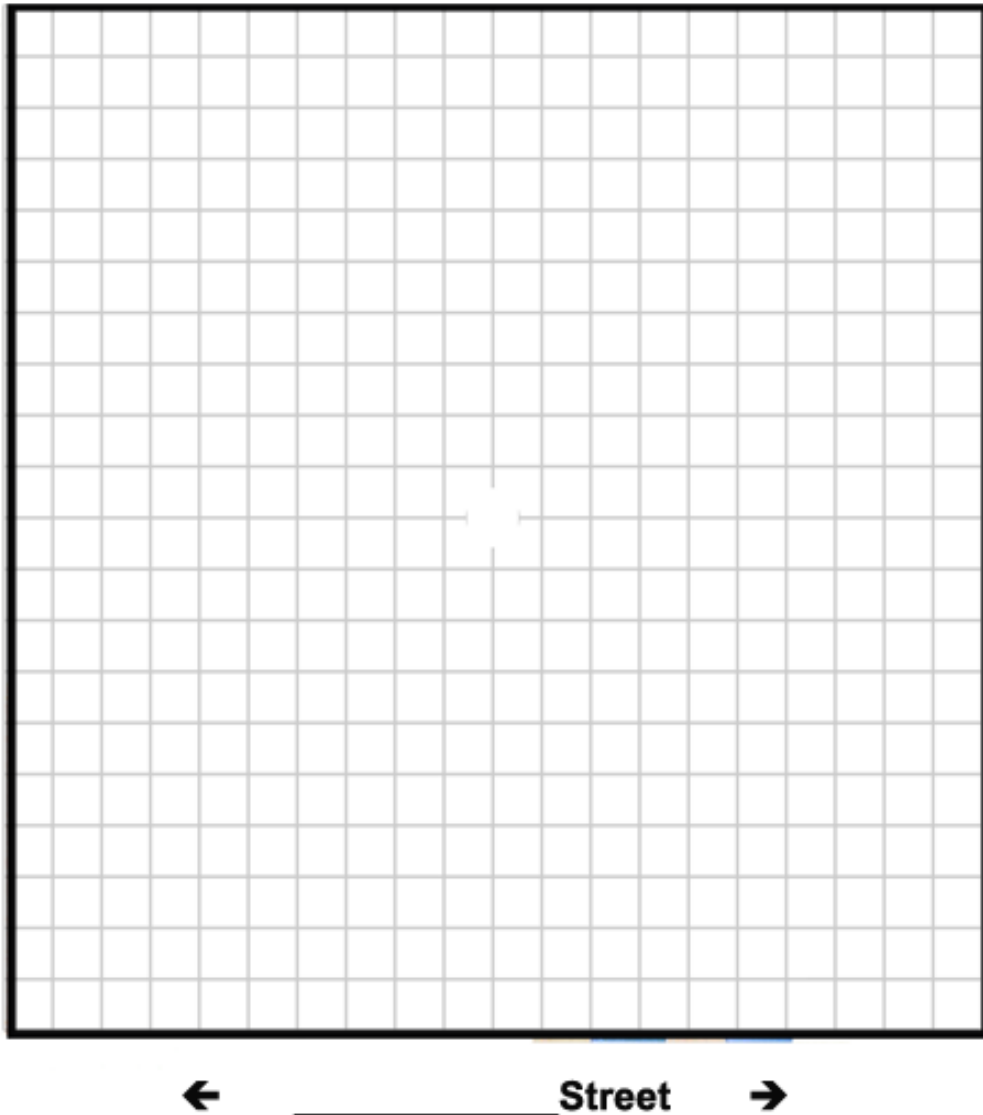
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YOUR UTILITY SHUTOFF LOCATOR



1. Draw a diagram of your house
2. Locate your utility shutoffs in case of emergencies
3. Mark each shutoff on the diagram

G



Shut off **GAS/PROPANE** if it smells, is hissing, or the meter dial is rotating faster than usual, or if you have a fire in the house.

W



Shut off **WATER** main at the house, *not* at the street meter.

E



Shut off **POWER** at the panel in an extended outage, or if there is water or gas leaks, or shorting. *Shut circuit breakers first, then master switch last.*

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