

Household Disaster Plan

**Remove and post this page in a prominent area, e.g. near phone or refrigerator
Keep a copy in your emergency supply kit.**

Out-of-Area Contact

Name: _____
Address: _____
State: _____
Day: _____
Evening: _____
Cell: _____

Local Contact

Name: _____
Address: _____
State: _____
Day: _____
Evening: _____
Cell: _____

Neighborhood Meeting Place

Phone: _____

Out-of-Neighborhood Meeting Place

Phone: _____

Out-of-Town Meeting Place

Phone: _____

Family Member 1

Name: _____
D.O.B.: _____
Social Security #: _____
School: _____
Work: _____
Cell: _____

Family Member 2

Name: _____
D.O.B.: _____
Social Security #: _____
School: _____
Work: _____
Cell: _____

Family Member 3

Name: _____
D.O.B.: _____
Social Security #: _____
School: _____
Work: _____
Cell: _____

Family Member 4

Name: _____
D.O.B.: _____
Social Security #: _____
School: _____
Work: _____
Cell: _____

Know your location when using a cell phone

Local Police: _____
Fire Department: _____
Hospital: _____

Emergency Services

In a life threatening emergency,
Dial 9-1-1

Other

Family Physician: _____
Pharmacist: _____
Medical Insurance: _____
Homeowners Insurance: _____
Veterinarian/Kennel: _____

Utilities

Electric Co.: _____
Gas Co.: _____
Water Co.: _____
Telephone Co.: _____
Cable TV Co.: _____