

C.O.P.E Neighborhood Team Census Form



Address:

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

Email Address: _____

Single Family Detached: _____ **Multiplex:** _____ **Swimming Pool/Pond:** _____

Are you capable of manually opening your garage door?:

Names of Residents / Mobility Limitations / Critical Needs:

Pets:

Knowledge and Skills: *(Medical, Communications, Trades, etc.)*

Special Equipment: *(Generator, Chainsaw, Pry Bar, etc.)*

Shutoff Location of Electricity: _____ **Water:** _____ **Gas:** _____

Shutoff wrench at the gas meter? Yes No

Specific Fire Dangers *(Wood shingle roof, flammable vegetation, toxic, or flammable substances stored in home or garage, etc.)*

Do you want to have someone contacted in an emergency if you cannot do so? Yes No

Emergency Contacts:		
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Other important information about your Family/Household: