

LAKESHORE HOMES ASSOCIATION

LHA CARES (Community Action & RESponse) Questionnaire

Cluster _____
Date _____

This information will appear in the LHA Homeowners' Directory:

Home Address _____ Home Phone _____

PRINCIPAL OCCUPANTS/CONTACTS IN THE HOME

Name _____ Name _____

Email _____ Email _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

Number of people living in home? _____ Permission to include your email in your
Cluster's booklet Yes ___ No ___

EMERGENCY INFORMATION

From outside your home, facing the front door, where are the home's utility shut-off valves?

Gas _____ Electricity _____

The information is confidential and will NOT be published:

It will be kept only by LHA and your cluster captain for emergency purposes. Please provide this information so we may offer assistance in case of an emergency or natural disaster.

EMERGENCY CONTACTS (Include at least 1 contact over 200 miles away.)

Name _____ Name _____

Email _____ Email _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

Do you have any special skills that help in an emergency: e.g., medical/first aid skills, electrical, plumbing, firefighting, crisis management, etc.?

Do you have any emergency equipment: e.g., tools, generator, chain saw, walkie-talkies, etc.?