

LAKESHORE HOMES ASSOCIATION

Cluster _____

Date _____

LHA CARES (Community Action & RESponse) Questionnaire

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 _____

Do we have permission to include your email in a revised cluster booklet? Yes ___ No ___

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

Gas _____

Electricity _____

The information below is confidential and will NOT be published. It will be kept only by LHA and your cluster captain for emergency purposes only. We ask that you provide this information so we can offer assistance in case of an emergency or natural disaster.

Number of people living in the home _____

ADDITIONAL ADULT OCCUPANTS

Name _____ Name _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

EMERGENCY CONTACTS (Please include one out-of-area, if possible.)

Name _____ Name _____

Email _____ Email _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____