

LAKESHORE HOMES ASSOCIATION

LHA NEIGHBOR NETWORK

Questionnaire

Cluster _____

Date _____

This information will appear your Cluster's LHA NEIGHBOR NETWORK e-directory:

Home Address _____ # of people living in home? _____

PRINCIPAL OCCUPANTS/CONTACTS IN THE HOME

Name _____ Name _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

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

Electricity _____

This information is confidential and will NOT be published: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.

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.?

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

Name _____ Name _____

Email _____ Email _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____