Summer Resident Emergency Information

Complete this form, save it (or do a screen capture), and attach it to an email to boaadmin@rocbfl.com

Name(s):			Lot #:	
If available, do you want to receive Calling Post notices?Yes	sNc)		
Texting Phone # for Calling Post (One per household):				
Please answer the following questions:				
1. Is your plan to evacuate if a State of Emergency is issued?	Yes	No		
2. Property manager?YesNo If yes, name:		F	hone:	
3. Please list emergency contact(s) below who are not Carefree res	sidents:			
Name:	Phone: _			
Name:	Phone: _			
4. Do you have pets in your home?YesNo				
Dog(s) Name(s): 122		3		
Cat(s) Names(s): 122.		3		
Other:				
5. Do you have a generator or other means for power for use after				
6. Do you have cleanup tools i.e., saws, chain saws, tarps, or other	items avail	able?_Yes	No	If
yes, are you willing to loan these tools for cleanup after the event?	'Y	es	No	
Please list the tools you have available:				
7. If available, will you need financial assistance to evacuate?	Yes	No		
(Contact Mary Gay for information about this program.)				
8. Are you willing to be a part of the group who will assist in the b	efore and a	fter activit	ies?	
YesNo If yes, please check areas you can be of	assistance.	de	ebris cleanup	
food prepstreet leadercommunications	shutters	rer	noval/storing (of items
9. Are you willing to take a leadership role in carrying out Emergen	ıcy Manage	ment Plan	protocols?	
YesNo				
We will need 3 or 4 women to oversee the preparation and recove	erv in case (nf an emei	rgency in Care	free