



Community Census Form for Emergencies or Disasters

Everyone's cooperation is important, the Board of Directors and the Administration will be able to support you in emergencies or disasters with the information you provide.

COMPLETE AND HAND- IN THIS FORM

to the administration office or send it by email at: plazadelmarpr@gmail.com

OWNER'S NAME: _____ Apt. No. _____

RESIDENTS NAME:

NAME	PHONE NUMBER (if have one)	Email (if have one)

Number: ___ Children 0 to 12 years old ___ Teenagers (13 to 18 years old) ___ Adults (19 to 65 years old)
___ Adults over 65 years old ___ Bedridden ___ Pets (Dog / Cat / Bird / Other _____)

Indicate resident's medical conditions for apartment occupants who will need assistance for relocation in case of emergency or disaster.

We are identifying professionals, workers u others that can help the community in case of disaster. Do you want to be included in this register? ___ YES ___ NO If you answered yes, what help can you offer?

