

**PAUMA VALLEY COMMUNITY SERVICES DISTRICT
EMERGENCY QUESTIONNAIRE**

CONFIDENTIAL

In the event of an emergency situation (e.g., medical, fire, evacuation, earthquake, etc.), the Pauma Valley Community Services District (PVCSD) Security would like to be well prepared and feels the following information would be most beneficial to assist you -- whatever the emergency may be.

Completion of this form is VOLUNTARY and, to have on file, it should be mailed to the District office at 33129 Cole Grade Road, Pauma Valley, CA 92061. Please remember to update should any of your information change in the future.

Contact Information

Name: _____ Number of Persons Living in Home: _____

Physical Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Name and Relationship of Primary Emergency Contact: _____

Primary Emergency Contact Phone No.: _____

(Include home, work and cell phone numbers)

Name and Relationship of Alternate Emergency Contact: _____

Alternate Emergency Contact Phone No.: _____

(Include home, work and cell phone numbers)

Caregiver Name and Phone No.: _____

(Include home, work and cell phone numbers)

Home Access: Alarm System? _____ Alarm Code _____ Alarm Pass code _____

Key Available? _____ Contact/Phone _____

Pet Care: List person to contact for care of any pets in the home should you be unavailable:

Contact Name / Phone No. _____

___ Dogs ___ Cats ___ Birds ___ Reptiles ___ Horses

(Please indicate the number of each)

THIS INFORMATION IS CONFIDENTIAL AND USED FOR EMERGENCY ONLY

By providing the above information, you are agreeing and accepting that PVCSD shall have no liability to you for any act or failure to act on the basis of such information in the event of any emergency situation.

Signature Date