STONEYBROOK G&CC – SARASOTA

DISASTER PREPARATION RESIDENT INFORMATION

Contact Information:

Name:	Date:	
Stoneybrook Address:		
Email:	SGCC Local P	hone #
	Year Round Resident	
	Dogs Number of Cats	
	and type of animals)	
Away Address:		
Away Phone #:		
Stoneybrook Neighbor who has	your key (Name):	
Neighbor's Contact Phone #	Cell #	
Neighborhood Programs and C	oncerns:	
Do you have any special medica	ıl needs? (i.e. oxygen, wheelchair, etc.) o	r property issues (i.e. flooding,
etc.)? Please mark X: Yes	No	
If yes, please explain:		
	ion point for water and/or fuel, or to havithin your zone? Mark X: Yes	
Equipment & Supplies:	<u>Skills:</u>	Assist With:
(Mark with X as appropriate)	(Mark with X as appropriate)	(Mark with X as appropriate)
Transportation: MiniVan 4 WD Vehicle Equipment/Facilities: Gas Powered Chainsaw Generator Communications: CB or Ham Operator Satellite Phone Cell Phone	Medical: Doctor Nurse Emergency Medical Cert Mental Health Counselor Veterinarian/Vet Tech Construction: Damage Assessment Construction Plumbing Electrician	Fire Suppression Search & Rescue Child Care Crime Watch Traffic Control Brush/ Debris Clearing Animal Rescue/Care Dog Crates/Carriers Water (e.g. Pond/Pool) Other