

PRESORTED STANDARD
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RICHMOND, VA
PERMIT #320

IMPORTANT !
WOULD YOU NEED SPECIAL HELP
IN AN EMERGENCY?

YOUR CITY/TOWN'S ANNUAL
EMERGENCY "SPECIAL NEEDS"
REGISTRATION FORM IS INSIDE
RETURN POSTAGE PAID

IMPORTANTE!

¿Necesitaría Ud. asistencia especial en
caso de una emergencia?

La encuesta anual de su ciudad
necesidades especiales para
emergencias está dentro
FRANQUEO PAGADO

ADDITIONAL INFORMATION: www.ct.gov/demhs or 800-397-8876

▲ TAPE HERE TO RETURN



CT Department of Emergency Management
and Homeland Security
360 Broad Street
Hartford, CT 06105

This survey has been prepared in cooperation with the State
of Connecticut Department of Emergency Management and
Homeland Security, your city/town's Emergency Management
Official and Millstone Power Station.

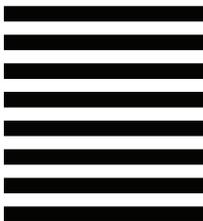
Remember: If you hear a steady siren tone for 3 minutes or more, turn
on a radio or TV and tune to a local Emergency Alert System (EAS) station
for official information and instructions on the specific emergency.



HARTFORD CT 06105-9875
360 BROAD ST
STATE OF CONNECTICUT
AND HOMELAND SECURITY
DEPARTMENT OF EMERGENCY MANAGEMENT

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5932 HARTFORD CT



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NECESSARY
IF MAILED
IN THE
UNITED STATES



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Do you have special needs that would require help in an emergency or evacuation? If "yes," please fill out the survey below.

This survey is for individuals living within the approximate 10-mile Emergency Planning Zone (EPZ) of the Millstone Power Station in Waterford, CT. **Your local Telephone Directory has additional emergency information and instructions on Yellow Pages 2 & 3.**

Please complete and return this yearly survey--even if you have done so before. The survey is given to your city/town's Emergency Management Official to ensure that there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. When special assistance is no longer needed, the local Emergency Management Official should be notified. **The form should only include information regarding impairments that will impede self-evacuation from your home.**

DETACH HERE AND MAIL BOTTOM PART

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I / this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT

name		date	
street address			
city		state	zip code
phone number	cell ()	*TDD/TTY ()	
home ()	work ()		
If you are a part-time resident (i.e., summer only), please list the months you are living at this address:			

* Telecommunication Device for the Deaf/Text Telephone

Please mark an "X" in each box that applies.

Need assistance for evacuation for the following reasons:

- | | | |
|--|---|---|
| <input type="checkbox"/>  Hearing impaired and need assistance for evacuation. | <input type="checkbox"/>  Need a wheelchair accessible ride. | <input type="checkbox"/> Life Support Device and need special assistance. (Explain) _____ |
| <input type="checkbox"/>  Sight impaired and need assistance for evacuation | <input type="checkbox"/>  Use *TDD/TTY | <input type="checkbox"/> Other needs that will prevent prompt evacuation. (Explain) _____ |
| <input type="checkbox"/>  Confined to bed. | <input type="checkbox"/>  Need a ride for evacuation. | |

Name of person completing this survey _____ phone: () _____

Relative or other person we can notify to help you in the event of an emergency or evacuation:

NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER	CELL ()	*TDD/TTY ()	
HOME ()	WORK ()		

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