

EMERGENCY RESPONSE PLANNING COMMITTEE
SURVEY 2014

Name: _____

Address: _____

Phone Number: _____

I, or a member of our household, has the following special needs:

I have the following special skills or equipment that would be available in the event of an emergency:

I would donate the following equipment to the Town of Big Bend Emergency Response Plan:

RETURN THIS FORM BY ONE OF THE FOLLOWING METHODS:

U.S. MAIL: to Town of Big Bend, N1195 Hwy 40, New Auburn WI 54757

(fold form, tape shut, put a stamp on it. The address is already on it for your convenience)

DROP OFF: Place in mailbox next to gate at town hall, or leave with Recycling Attendant.

FAX: 715-868-5775

E-MAIL: bigbend@brucetel.net

Return address:

stamp here

Town of Big Bend
NI195 State Hwy 40
New Auburn, WI 54757