

# Emergency Evacuation List

**Style11**

Name of Evacuation Shelter \_\_\_\_\_ Group \_\_\_\_\_

If you are staying at home, please check the box.

Name (Representative)						
Telephone Number						
Address	〒 _____ _____ _____					
Date of Evacuation (Time)	YYYY/MM/DD      /      /      /      ( HH:MM :      )					
Date of Leaving	YYYY/MM/DD      /      /      /					
Name of Neighborhood Association						
Family Member(s) ( Evacuees Only )	Relationship	Gender	Date of Birth / Age (YYYY, MM, DD)	Date of Leaving	Necessity for Special Care during Evacuation	Information disclosure
		M	, , /			Yes
		F				No
		M	, /			Yes
		F				No
		M	, , /			Yes
		F				No
		M	, , /			Yes
		F				No
		M	, , /			Yes
		F				No
		M	, , /			Yes
		F				No
Emergency Contact	Address  Name _____ Phone Number (      )					

Privacy Policy: I allow an administrator of the emergency shelter to provide my information, i.e. name, age, gender, date of evacuation and date of leaving.	Yes No
<p>Special Care Requirements: ( Please write the detail about necessary care during evacuation. )</p>          <p>Skills and Qualifications:</p>          <p>Pet(s): ( Please write the detail if you are bringing pets. )</p>	

Even if you are staying at home, please fill this form.