A
DADENIES MANA

Date:		
Due Date for Update:		

Our Family Disaster Plan

PARENTS NAME(S)		
ADDRESS		
CITY /STATE/ZIP		
PHONE:	FAX:	
WEB SITE:		
DIDECTIONS TO LIGHT FROM A		
DIRECTIONS TO HOME FROM A MAJOR INTERSECTION: ———		
W/JOIN INTERCEOTION.		
OUT OF AREA CONTACT PERSON:		
NAME:		
RELATIONSHIP:		
HOME ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	CELL:	
ALTERNATE PHONE:		
INSURANCE (Company and phone)		
PROPERTY:		
FLOOD:		
LIABILITY:		

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Date:	
Due Date for Update:	

EVACUATION	
EVACUATION	Route #1:
EVACUATION	Route #2:
UTILITY PHON	E NUMBERS AND LOCATION OF and HOW TO TURN ON/OFF:
	PHONE NUMBER
GAS	LOCATION
	HOW TO TURN ON/OFF
	PHONE NUMBER
ELECTRICITY	
	HOW TO TURN ON/OFF
	PHONE NUMBER
WATER	LOCATION
	HOW TO TURN ON/OFF
	PHONE NUMBER
HOT WATER	LOCATION
	HOW TO TURN ON/OFF
SEWER	PHONE NUMBER
	LOCATION
	HOW TO TURN ON/OFF
	PHONE NUMBER
DSL	LOCATION
	HOW TO TURN ON/OFF

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Date:		
Due Date for Update:		

FAMILY (complete on each individual member	
NAME:	
RELATIONSHIP:	
BIRTHDATE:	
<u>-</u>	
SDECIAL NEEDS/CONSIDED ATIONS:	
SPECIAL NEEDS/CONSIDERATIONS:	
-	
NAME:	
RELATIONSHIP:	
BIRTHDATE:	
SPECIAL NEEDS/CONSIDERATIONS:	
-	
NAME:	
RELATIONSHIP:	
BIRTHDATE:	
-	
SPECIAL NEEDS/CONSIDERATIONS:	
_	
-	

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	Due Date for Update:		
NAME:			
RELATIONSHIP: BIRTHDATE:			
CDECIAL NICEDO/CONCIDEDA	TIONS:		
SPECIAL NEEDS/CONSIDERA			
NAME:			
RELATIONSHIP:			
BIRTHDATE:			
SPECIAL NEEDS/CONSIDERA	ATIONS:		
	_		
PETS			
TYPE (dog, cat, bird, etc)	NAME	AGE	SPECIAL NEEDS
			

Date: _____

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