

Landaff Emergency Information Form

In an effort to assist Landaff residents in the event of an emergency, the Town of Landaff is hoping to collect important information. This information will be kept confidential and accessed only for the purposes of assisting individuals in the event of an emergency.

Please Note: This information is requested on a voluntary basis.

Please complete the following form and return it to the Landaff Town Office, 12 Center Rd., Landaff, NH 03585.

Landaff Street Address:

Owner's Name:

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Is this a Full-Time, Seasonal, or Rental Residence? (***Circle one***)

Please circle all items below that apply to your household situation. Again, this information is being gathered in hopes of being able to successfully assist in the event of an emergency and ***WILL NOT*** be used for any other purposes.

ELDERLY OXYGEN IN HOME MOBILITY ISSUE COGNITIVE ISSUE MEDICAL ISSUE

INFANT IN HOME OTHER _____

Please circle YES or NO for the following items:

If power is lost, do you have an emergency generator? YES NO

If power is lost, do you have an emergency heat source? YES NO

Would you be interested in helping out in the event of an emergency? YES NO

Thank you for filling out and returning the form!

Respectfully,
Marilyn Booth
Emergency Management Director
Town of Landaff