

# CERT

## THE VILLAGES COMMUNITY EMERGENCY RESPONSE TEAM

Name(s): \_\_\_\_\_

House # : \_\_\_\_\_ Street Name: \_\_\_\_\_

Village of: \_\_\_\_\_ Telephone Number : \_\_\_\_\_

3<sup>rd</sup> Person in Household and/or Pets: \_\_\_\_\_

Does anyone in your household have **Special**

Do you own a golf cart? \_\_\_\_\_ If yes, \_\_\_\_\_ electric / \_\_\_\_\_ gas

**Medical Needs?:** \_\_\_\_\_ Oxygen / \_\_\_\_\_ Wheelchair / \_\_\_\_\_ Walker, Cane, Other

Other (Explain): \_\_\_\_\_

Does your household have?: \_\_\_\_\_ SPA / \_\_\_\_\_ Pool / \_\_\_\_\_ Gas Service / \_\_\_\_\_ Propane Grill

Other information pertinent to this household: \_\_\_\_\_

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This database is being solicited for internal use only (by The Villages Public Safety Department and/or CERT). The information will NOT be disclosed to unauthorized persons.