



FAACT's Disaster Resource Center

Emergency Contact & Essential Information List

Information for the _____ Household

Address (list cross streets): _____

Cell Phone: _____

Family:

Name/Cell Phone: _____

Name/Cell Phone: _____

Name/Cell Phone: _____

Neighbor Emergency Contact(s):

Name/Cell Phone: _____

Name/Cell Phone: _____

Medical:

Poison Control: _____

Police: _____

Fire Department: _____

Physician: _____

Allergist: _____

Dentist: _____

Hospital: _____

Urgent Care: _____

Veterinarian: _____

Evacuation Information/Resources:

Local Food Pantry: _____

Local Shelter Locations: _____

Utility Companies:

Gas: _____

Electric: _____

Water: _____

Telephone: _____

Cable: _____

Insurance:

Medical/Health: _____

Homeowners: _____

Renters: _____

Automobile: _____