

# REQUEST FOR ASSISTANCE DURING AN EMERGENCY

ALL information will be kept strictly confidential

I/(we) would need assistance to evacuate in an emergency because of:

\_\_\_\_\_ BLIND /LIMITED SIGHT

\_\_\_\_\_ HEARING IMPAIRED

## Assistive aids

\_\_\_\_OXYGEN

\_\_\_\_\_ WHEEL CHAIR

\_\_\_\_\_ WALKER

\_\_\_\_\_ PROSTHESIS

\_\_\_\_\_ UNABLE TO WALK A DISTANCE

OTHER:

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\_\_\_\_\_ I/(we) would require assistance in turning off utilities.

\_\_\_\_\_ I/(we) do not require assistance, but would be willing to help during an emergency by helping a neighbor(s) to turn off water, gas, and electric.

Lot # \_\_\_\_\_

Name

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail this form to: SAN IGNACIO VISTAS INC. HOA

Attention: Marianne Bishop, Secretary

PO BOX 1150

Green Valley, AZ 85622-1150

Or email me: [info@sivhoa.org](mailto:info@sivhoa.org)