



Associated Property Management
of the Palm Beaches, Inc.

RESIDENT PROFILE FOR EMERGENCY MANAGEMENT

The following information is requested to assist the Board of Directors and management in the event of an emergency.

Name (please print): _____

Address: _____

Phone Numbers (day and night) _____

Number of permanent residents _____

Date Form Completed: _____

Age of permanent residents _____, _____, _____, _____, _____, _____, _____

Emergency Contact (name and phone) _____

Please detail any physical limitations or assistance needed in the event of an emergency.

Are there any other conditions or limitations the Board or management should be aware of in an emergency?

Please check / complete all that apply.

- 1.) Communications equipment in your possession at the Association.
 - _____ Battery operated (or generator operated) Ham Radio
 - _____ CB Radio
 - _____ Cell Phone (If yes, # _____)
 - _____ Other (please specify) _____

- 2.) Equipment in your possession at the Association.
 - _____ All Terrain Vehicle (If yes, please specify) _____
 - _____ Canoe or small boat
 - _____ Chainsaw

3.) I have first aid training or other medical treatment skills.

4.) Is this a seasonal home? Yes No