



**TOTALLY
UNPREPARED**

DISASTER BUDDY FORM

My buddy that needs assistance: _____

Address: _____

Home Phone Number: _____

Cell Phone: _____

Name and Contact Info of 2nd Disaster Buddy: _____

Emergency Contacts (Local): _____

Emergency Contacts (Out of Town): _____

Special Needs/Medications:

Will need assistance leaving house/apartment: Yes No

Nearest Evacuation Facility: _____