

*Earl Resident Access & Functional Needs Reply Card.*

Return this card to the Township Building or Email to [emergencymanagement@earltwpberks.com](mailto:emergencymanagement@earltwpberks.com)

**Only return if answer is YES for any of the following questions:**

1. Deaf or hard of hearing (difficult to hear outdoor warning sirens or other emergency notifications)? Yes
2. Difficulty evacuating in an emergency? Yes  Why? \_\_\_\_\_
3. Without any personal means of transportation to evacuate in an emergency? Yes
4. Number of people in household? \_\_\_\_\_
5. Require medical attention for known condition if evacuated from your home? Yes
6. Without access to emergency alert messaging (no smart phone, television, or radio)? Yes

**(Earl Township Residents, Savvy Citizen is now available! A Free Notification System)**

Name:

Address (No P.O. Boxes):

Physical Address, if different:

City, State, Zip:

Municipality:

County:

Telephone Number:

Earl emergency management agency (EMA). (2023)