

# Evacuation Transportation Needs Registration

(Check ONLY one)

Yes, I need bus transportation to a GENERAL shelter in the event of a disaster\*\*\*

I have special medical needs and need to register for a SPECIAL MEDICAL NEEDS SHELTER in the event of a disaster (you will be sent a separate registration form).

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex: \_\_\_M or \_\_\_F

Street Address:

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above)

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Wt: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Residence Type:

House/Duplex  Mobile Home/Trailer  Apartment/Condo

Living Situation:

Living Alone  With Parents  With Family  With Non-Relative

Pets (Animal Care and Control will send a registration form for your pets)

**\*\*\*General shelter evacuation pickup locations will be at all JTA bus stop in the city.**

Please mail this form to:

Fire and Rescue Department  
Emergency Preparedness Division  
515 Julia Street, 4th Floor  
Jacksonville, Florida 32202

Or fax to 630-0600