

PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION.

PLACE IN ENVELOPE AND MAIL TO:

Lake County Emergency Management Agency

P.O. Box 480

Mentor, Ohio 44061-0480

Response Card

LAKE COUNTY

2024/2025

If you need transportation or any other assistance during an emergency, please print and fill out this Response Card for the county in which you live; place it in an envelope and mail it to the address above. In an emergency, you will be picked up at your home by local emergency workers. This information will be kept confidential.

Name _____

Address _____

City, State, Zip _____

Phone _____

TDD No. (if applicable) _____

Fire District (if known) _____

SPECIAL NEEDS. PLEASE CHECK THE APPROPRIATE BOX AND SPECIFY ASSISTANCE REQUESTED.

Hearing impaired _____

Visually impaired _____

Special transportation for disabled _____

No access to TV _____

No access to radio _____

Other _____

In the event a condition listed above changes, please advise your county emergency management agency. Return this information to the emergency management agency in your county. **A new form should be submitted once each year**, so that records can be continually updated.