




MYN NEIGHBOR CONTACTS FORM

(Who are your neighbors?)

Address:														
Name1	Name2													
Email	Email													
Cell Phone	Cell Phone													
Any specific needs? (e.g. meds)	Any specific needs? (e.g. meds)													
Special Knowledge & Skills? (medical, communications, construction, etc)	Special Knowledge & Skills? (medical, communications, construction, etc)													
Can you manually open your garage door if no power?	Can you manually open your garage door if no power?													
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Utility Shut-off Locations Gas: _____ Electrical: _____ Water: _____ </td> <td style="width: 20%; vertical-align: top; text-align: center;"> Write in Utility letter in actual location </td> <td style="width: 30%; vertical-align: top;"> <div style="text-align: right;"> G = Gas . E = Electric Panel . W = Water turnoff . C = Brick Chimney . </div> <div style="text-align: center; margin-top: 10px;">  Front of House </div> </td> </tr> </table>			Utility Shut-off Locations Gas: _____ Electrical: _____ Water: _____	Write in Utility letter in actual location	<div style="text-align: right;"> G = Gas . E = Electric Panel . W = Water turnoff . C = Brick Chimney . </div> <div style="text-align: center; margin-top: 10px;">  Front of House </div>									
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Do you have a Shut-off Wrench at Gas Meter? Yes _____ No _____														
Do you have any special equipment? (generator, chain saw, pry bar, other)														
Pets? Names & Descriptions; include Microchip #s														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Emergency Contacts - Names</th> <th style="width: 20%; padding: 5px;">Phone</th> <th style="width: 30%; padding: 5px;">Relationship</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> </tr> </tbody> </table>			Emergency Contacts - Names	Phone	Relationship									
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Any other essential info? Medications, medical devices, conditions, don't drive etc.														

Use reverse side if you need more space to write.