

ESS Registration Form

Date of Evacuation:

Date of Registration:

Municipality/City/Town:

Registration #:

Event Name:

CONFIRMED IDENTIFICATION – NEED LEGAL ADDRESS AS REFLECTED ON ID

(Adult children living at home have their own registration form)

Applicant Name (Last / First / Middle)	M / F	Date of Birth (MM, DD, YY)	Age
Co-Applicant Name (Last / First / Middle)	M / F	Date of Birth (MM, DD, YY)	Age
Children under 18 (Last / First / Middle)	M / F	Date of Birth (MM, DD, YY)	Age

Temporary Address during evacuation:

Permanent Home Address:

Street or Legal Name:

Box #:

City/Town:

Cell/Phone:

Cell/Phone:

Email:

Special Circumstances:

Pets:

Overland Flood Insurance: Yes No Unknown

Homeowner Insurance: Yes No

Local Authority Signature: _____

Evacuee Signature: _____

This information is collected on this form under the authority of The Emergency Measures Act and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies to enable the provision of emergency services. Disclosure of personal information is subject to the provision of the *Freedom of Information and Protection of Privacy Act*.

Provincial ESS Signature: _____

Date: _____