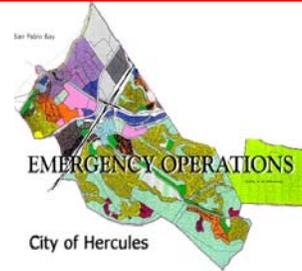


# CITY OF HERCULES EMERGENCY OPERATIONS DIVISION

---



Emergency Operations Director Nelson Oliva  
111 Civic Drive, Hercules California 94547  
510-799-8200



Dear Hercules Residents,

The City of Hercules Division of Emergency Operations needs to keep current information to better serve the community in the event of any major emergency, such as an earthquake or severe winter storm, that might strike our city or county.

Emergencies and disasters can strike quickly and without warning and can force you to evacuate your neighborhood or confine you to your home. What would you do if basic services – water, gas, electricity or telephones – were cut off? As first responders, there are limited emergency resources available to respond to every one's needs. There may be a delay and emergency personnel cannot reach everyone right away, therefore you must be prepared for at least 72 hours. You are in the best position to plan for your own safety as you are best able to know your functional abilities and possible needs during and after an emergency or disaster situation. You can cope with disaster by preparing in advance with your family and care attendants. For more information please visit: [www.redcross.org](http://www.redcross.org).

We ask that you take a few minutes to complete the survey form that has been provided for you on-line, if it applies to you or to a member of your household. Your City's Division of Emergency Operation is charged with the responsibility for developing plans to protect residents in the event of an emergency. **The information gathered by this survey will, of course, remain confidential** and will only be used by the city's emergency services personnel should an actual need arise.

The information the survey provides will be used in case of special transportation needs, or if special measures must be taken to inform the residents who might have certain disabilities. This information is essential if we are to make and carry out emergency plans to protect our residents.

**CITY OF HERCULES  
EMERGENCY OPERATIONS DIVISION**

**Step#1** Carefully review the items below. Select the box for those items which apply to you or someone living in your home. Please select **All** boxes that apply to any person who lives in your home. *Any information you give will be confidential.*

**Cannot Hear**

- DEAF
- Has TTY/TTD available
- Phone # \_\_\_\_\_

**Need an ambulance** or medical care to leave home in an emergency.

Describe: \_\_\_\_\_

to leave home in an emergency.

Describe: \_\_\_\_\_

**Please advise if assistance is needed to leave home**

**Cannot See**

**Cannot Walk**

- Bedridden
- Wheelchair bound
- Needs physical assistance

**Need special vehicle** to leave home in an emergency (Cannot ride in automobile or bus).

Describe: \_\_\_\_\_

**Please advise if special vehicle is required.**

**Cannot Understand English**

**No one nearby to translate**

List all languages \_\_\_\_\_

**Need a Ride**

(transportation is not available or cannot ride with a friend or neighbor during an emergency)

Describe: \_\_\_\_\_

How many persons need a ride: \_\_\_\_\_

**Other Help Needed:**

**Describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step#2** If you DID NOT check any of the above items **stop** now and keep this form for future use. If you DID check one or more items, **GO** to step #3.

**Step#3** If you DID check any of the above items that you or someone in your household needs help during an emergency, please complete the following:

Names: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Additional Telephone number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please Mail:

**City of Hercules  
Emergency Operation Division  
111 Civic Drive  
Hercules, California 94547  
Attention: Commander William Goswick**