

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

*****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