



Emergency Action Plan



Property Address: _____

Owner Name & Phone Number: _____

Important Phone Numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Local News and Radio Stations:

Property Maintenance Contacts:

Electrical and Gas Shut Off Locations:

Evacuation Routes:

1. _____

2. _____

3. _____

4. _____