



## 2024 Hurricane/Emergency Entity Contact Information Form

**\*\*This information will remain confidential and is critical for us to be able to assist you quickly and effectively after a storm\*\***

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

Pastor/Principal or Agency \_\_\_\_\_

Head Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Land line: \_\_\_\_\_

Please list the names and contact information for TWO Property/Plant Manager's/Staff to be contacted after a storm or emergency event:

Name 1: \_\_\_\_\_

Position: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Land line: \_\_\_\_\_

Name 2: \_\_\_\_\_

Position: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Land line: \_\_\_\_\_

Are you in a mandatory evacuation area?    YES            NO

**PLEASE RETURN THIS FORM:**  
**BY EMAIL:**  
**BY FAX : (305) 754 - 6792**