

ZONE _____

TIMBERLAKE NEIGHBORHOOD WATCH & EMERGENCY EVACUATION DATA SHEET

(Includes Special Needs Notification)

This form is needed in order to provide information to the Timberlake Neighborhood Watch Coordinators, appropriate law enforcement agencies and to Emergency Evacuation personnel in case of any emergency. Changes to the form should be sent to TNW, HC 61 Box 767, Ramah, NM 87321 or to the TNW email address of timberlakewatch@gmail.com. Please call one of our Co-Chairmen of the TNW: Mary Jo Wallen at 505-783-4207 or Nancy Wills at 505-783-2457 if you have any questions or suggestions.

Do you wish to receive email alerts for all types of Emergencies () Rosie Alerts ()

Suspicious persons/vehicles () WE MUST HAVE YOUR EMAIL FOR THE ALERTS

All Information is voluntary and will be kept CONFIDENTIAL by the TNW group; however, please remember that this information may be needed to assist you in the safe evacuation of your family and pets from the Timberlake Ranch area or help in the investigation of a crime.

Name(s) _____ Full Time () Part Time () Recreational ()
_____ (Part Time is at least 6 months of the year)

Timberlake Street Address: _____ Unit () Block () Lot ()
(Where House () Shed () Barn () RV () Camper () Tent () is located)

Other Lots: Unit () Block () Lot () Unit () Block () Lot ()
 Unit () Block () Lot () Unit () Block () Lot ()

Timberlake Mailing Address: _____

Other Mailing Address: _____

Local Phone # _____ Other Phone # _____ Cell Phone # _____

E-Mail Address(s) _____

Emergency Contact Name, Address & Phone # _____

Vehicles, Trailers, RV's, Off Road Vehicles, Etc.

Year _____ Make/Style _____ Color _____ License # & State _____

Year _____ Make/Style _____ Color _____ License # & State _____

Year _____ Make/Style _____ Color _____ License # & State _____

Year _____ Make/Style _____ Color _____ License # & State _____

Year _____ Make/Style _____ Color _____ License # & State _____

Please describe the type of assistance you think you will need in case of an emergency evacuation, ie: special family health/medical problems.

Family Members: _____

Pets: _____

If you can help others after taking care of your own family, what type of assistance can you provide?

Transporting People () Transporting Animals () Medical () Do you know CPR ()

Additional Comments or Suggestions: _____

Thank you

Please return to TNW, HC 61 Box 767, Ramah, NM 87321

Or Email to: timberlakewatch@gmail.com

Periodic information will be posted on the website, in the Timberlake newsletter and on the two bulletin boards by the Volunteer Fire Dept. & the Bath House