



Delivering Excellence Every Day

Department of Emergency Management
9300 NW 41 Street, Miami, FL 33178
Phone: 305-468-5400 Fax: 305-468-5401

REQUEST FOR INFORMATION ON EMERGENCY EVACUATION ASSISTANCE REGISTRY

Date:
Agency:
Person requesting information:
Title:
Phone: Fax:
Mailing Address:
City: Zip code:

I understand that the information I am requesting is confidential and I may not release this information to any other party. I am requesting this information to assist the Department of Emergency Management and the people whom my agency/municipality works with that will require evacuation assistance.

Signature: Date:

I am requesting information on:

- o People who are registered under this agency name:
o People who live in the following zip codes:
o People who live in the following municipality:
o Other:

Purpose of Request:

Approved by: Date:
Director
Department of Emergency Management