

VERONA EMERGENCY CONTACT FORM

This information will ONLY be used to enable the Solivita Neighborhood Captains Program to provide communication to you regarding both Solivita and the Verona areas. It is not public information.

Street Address _____

Resident 1: Name _____ Email _____

Home Phone _____ Cell Phone _____

Resident 2: Name _____ Email _____

Home Phone _____ Cell Phone _____

____ I/We wish to participate in the Nextdoor “Verona Neighborhood” site on the Solivita Nextdoor website and app. Please send me an email invitation. After I join Nextdoor, I will request to join the Verona Neighborhood group.

____ I am interested in receiving Verona’s Monthly Newsletters & Captain’s Reports by email.

Emergency Contact (Someone not living with you) *The following information is strictly optional. It is being gathered in cooperation with CERT (Community Emergency Response Team) to help both them and the Neighborhood Captains support the community in times of emergency.*

Print Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Any Special Needs: (oxygen, limitation in preparing for storms (e.g., mobility), dependence on third parties (home nurse, relatives, neighbors) and who they are. Please use back if needed.

The special needs information will only be made available to the Neighborhood Captains Group and CERT (Community Emergency Response Team).