

Caspar Community - Emergency Preparedness

15051 Caspar Road, Bx 84

Caspar, CA 95420

If you are interested in someone checking on you in case of an emergency within our community, please fill out this form as you see fit and mail it to the address above or drop it by the Caspar Community Building. We do not wish to invade your privacy. Information provided will be maintained by the Caspar Community Board and shared with the Caspar Emergency Preparedness Committee for use in a community or neighborhood-wide emergency only.

Address: _____

Name: _____ # _____ of residents in household

Phone: _____ Email _____

Would you like to be added to the Caspar Community email MCN group? Yes ____ No ____

Emergency Contact: _____ Phone: _____

Does anyone in the household have medications, life support or other medical equipment that the emergency group needs to be aware of? Yes ____ No ____ Please list below:

Do you have a neighbor who knows where to find shut off valves for your water and power, gas, etc.? Yes ____ No ____ If yes, Name & Phone : _____

Do you have any pets or animals? Yes ____ No ____ If yes, how many: # _____

Types of animals and other information you wish the emergency group to know: _____

Optional Emergency Resource Inventory form may be filled out to your level of comfort and enclosed with this form.

Additional Information you would like us to know: _____

