



Office of Emergency Services

Emergency Alert Notification System

First Name:	Middle:	Last Name:
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Address of Concern:

Additional Addresses:

Contact Phone Number (Home):	Cell:
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Email Address (optional):

How would you prefer to be contacted?
(Text, Phone, Email, Other)

Do you have any special needs/care or volunteer skills? (If so, please check the applicable boxes below)	Community Alerts Select the alerts you wish to receive.
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Special Needs/Care:	Volunteer Skills:	Notifications:
<input type="checkbox"/> Dialysis	<input type="checkbox"/> EMT	<input type="checkbox"/> Informative Fire Department Alerts
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Informative Law Enforcement Alerts
<input type="checkbox"/> Homecare Assistance	<input type="checkbox"/> I can operate Heavy Equipment	<input type="checkbox"/> Power Outages (PSPS or Unplanned)
<input type="checkbox"/> Language Interpreter Needed	<input type="checkbox"/> I have heavy equipment	<input type="checkbox"/> Public Meeting Alerts
<input type="checkbox"/> Life-Sustaining Equipment	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Public Works Alerts
<input type="checkbox"/> Mental/Cognitive Condition	<input type="checkbox"/> C.E.R.T. Trained	<input type="checkbox"/> Traffic Information-Closures
<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Counseling/ Mental Health	<input type="checkbox"/> Water Outages
<input type="checkbox"/> Refrigerated Medicines	<input type="checkbox"/> Disaster Service Worker	<input type="checkbox"/> Weather Related Alerts
<input type="checkbox"/> Service Animal Required	<input type="checkbox"/> Other: (Clerical, Food Service)	
<input type="checkbox"/> Speech Impairment		
<input type="checkbox"/> Supplemental Oxygen Required	<input type="checkbox"/> Comments:	
<input type="checkbox"/> Vision Impairment/Blind		
<input type="checkbox"/> Need Assistance Evacuating		

**If your address or phone number changes, please call the Office of Emergency Services to update your account.
You will only be notified by the contact information you have provided.
Call: 209-533-6394 to update your information**

**Mail completed form to: Tuolumne County Office of Emergency Services
2 South Green Street
Sonora, CA 95370
or Email completed form to: OES@co.tuolumne.ca.us**