I live in the town of

_____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 BRATTLEBORO VT

POSTAGE WILL BE PAID BY ADDRESSEE

ENTERGY NUCLEAR VERMONT YANKEE LLC
EMERGENCY PLANNING DEPT
PO BOX 500
BRATTLEBORO VT 05302-9000

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EMERGENCY MANAGEMENT
VERMONT DEPT OF PUBLIC SAFETY
230 MAIN ST STE 306
BRATTLEBORO VT 05301-9008

As part of our annual Tone-Alert Radio program update, please complete and return this postcard. If you do not know what a Tone-Alert Radio is or are not sure if you live in the 10-mile Emergency Planning Zone, please review the Emergency Information section of this calendar. If you live in the 10-mile Emergency Planning Zone and your town does not have sirens, or if your town has sirens but you are not within audible siren range you should have a Tone-Alert Radio. If your town has sirens and you are within audible range, you do not need a Tone-Alert Radio.

Name _____

Address _____

City, State, Zip _____

Daytime Phone Number _____

☐ I would like a Tone-Alert Radio.

☐ I have a Tone-Alert Radio and it is working properly.

☐ I do **NOT** want a Tone-Alert Radio.

☐ I have a Tone-Alert Radio and it is **NOT** working properly.

If your Tone-Alert Radio is **NOT** working properly, have you contacted the town office for a replacement?_____

Please record the Model No. or CAT. No. of the Tone-Alert Radio (located on the bottom of the radio) and the type of battery it takes.

_____

Do you keep the Tone-Alert Radio plugged in at all times?_____

Do you keep the Tone-Alert Radio in alert mode with the volume audible at all times?_____

Please use this space for additional comments or concerns you have regarding the operation of your Tone-Alert Radio.

_____

_____

_____

PLEASE TEAR ALONG DOTTED LINE, SEAL CLOSED WITH ADDRESS FACING OUT, AND MAIL. NO POSTAGE IS NECESSARY.

ACCESS AND FUNCTIONAL NEEDS CARD

This information will be kept confidential—For state and local Official Use Only

Do you require assistance in an emergency?

It is important that you make any access and functional needs known beforehand. If you have a need that may cause you to require additional assistance in an emergency, please fill out and return this card as soon as possible. Also, if you know someone in your area that may require additional assistance in an emergency, please urge them to complete and return this card. **Even if you sent in an Access and Functional Needs Card in the past, a new card should be sent in each year.**

Yes, I/this person will need assistance in an emergency:

Name _____

Address _____

City, State, Zip _____

Phone: home _____ cell _____

E-mail _____

Relative/person we can notify to assist you in an emergency:

Name _____

Address _____

City, State, Zip _____

Phone: home _____ cell _____ work _____

Below, please mark an "X" in EACH box that applies to your need:

☐ **Communication** ☐ **Medical** ☐ **Supervision**

☐ **Maintaining Independence** ☐ **Transportation**

☐ I use an aid or device (i.e. for mobility, communications, etc.)

☐ I receive Personal Assistance Services

Assistance Needed:

☐ **Transportation**

☐ Wheelchair accessible transportation

☐ An ambulance

☐ Bus transportation

☐ **Service Animal Species**_____

Weight of animal _____

☐ **Individualized Notification**

☐ TTY or Video Phone (circle one) Number _____

☐ **Evacuation assistance out of my home**

☐ **Sheltering- in- place assistance**

☐ **Other:** _____

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