



**NEWBURYPORT OFFICE OF EMERGENCY MANAGEMENT
RESIDENT INFORMATION**

Property Address: _____

Property Owner(s) Name(s): _____

Property Owner(s) Telephone Number(s): Mobile #: _____

Home #: _____

Property Owner(s) E-mail Address(es) _____

Property Owner(s) Mailing Address October-April (if different from above): _____

Tenant Name(s) any time October-April _____

Tenant(s) Telephone Numbers: Mobile #: _____ Home #: _____

Tenant(s) E-mail Address(es) _____

Name of any neighbor or other local person(s) who watch over/take care of your property October-April if different from any of the above: _____

Caretaker(s) Tel. Numbers: Mobile #: _____ Home #: _____

Caretaker(s) E-mail Address(es) _____

Is there anyone residing at the property who requires special accommodations or assistance in the event of an evacuation or other emergency, such as mobility limitations, visual or hearing impairment, etc.? Please specify:

Return completed form to the following location:

Mayor's Office
City Hall
60 Pleasant St.
Newburyport, MA 01950

Information provided on this form will only be used should the City of Newburyport need to directly contact someone regarding an emergency situation affecting persons or property.