

Lifeline Users/or Similar Services – Updated Sept 15-2022

Please provide the following to the Emergency Preparedness Team, in the event of an outage of service. We will maintain the information and pass it on to the first responders in the event of an emergency. This information will remain **confidential**.

Help us to help you in case of an emergency.

Name:

Address:

Phone No:

Cell phone No (if applicable):

Provider of Service:

Emergency Contact Name & Phone No:

Relationship:

Please drop the completed form in the “Medical/Mobility Questionnaire box in the East/West lobby of the Wheel, the back entrance at the Spoke or at the Hub (just inside the door) or mail to:

Emergency Preparedness Team
PO Box 7151
Innisfil, Ontario L9S 1A9

Or email to **EPTSCA@yahoo.com**