Special Needs Card (Tensas Parish Residents)

If you or someone you know needs special assistance, please fill out this card. Mail the card to your local emergency management agency office.

| The follo | wing person needs special assistance in the event of an evacuation: |
|-----------|---|
| Name _ | |
| | |
| | ns |
| Telepho | ne Number |
| Assistan | ce Needed |
| | Normal transportation |
| | Handicap accessible transportation |
| | Ambulance |
| | Other (list) |

Mail this card to: Tensas Parish Office of Homeland Security and Emergency Preparedness 205 Hancock Street St. Joseph, LA 71366

Special Needs Card (Claiborne County Residents)

If you or someone you know needs special assistance, please fill out this card. Mail the card to your local emergency management agency office.

| The follow | wing person needs special assistance in the event of an evacuation: |
|-------------------|---|
| Name | |
| | |
| Direction | s |
| | e Number |
| Assistance Needed | |
| | |
| | Normal transportation |
| | Handicap accessible transportation |
| | Ambulance |
| | Other (list) |

Mail this card to: Claiborne County Civil Defense Emergency Management Agency P.O. Box 2038 New Tazewell, TN 37824