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I live in the town of _____



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ENERGY NUCLEAR VERMONT YANKEE, LLC
EMERGENCY PLANNING DEPT
PO BOX 500
BRATTLEBORO VT 05302-9904



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EMERGENCY MANAGEMENT
VERMONT DEPT OF PUBLIC SAFETY
230 MAIN ST SUITE 306
BRATTLEBORO VT 05301



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.

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Please mark an X in EACH box that applies to you.

- I do not have transportation available to leave the area in an emergency.
- I need help but can ride in a van or bus.
- I use a wheelchair and need a wheelchair van.
- I would need to ride in an ambulance.
- I have specialized medical equipment and require special transportation.
- I am deaf or hard of hearing and use a TTY.
- I request a special Tone-Alert Radio for the deaf and hard of hearing or blind and visually impaired.
- I have a visual impairment and require special help.
- I need help closing doors, windows and vents.
- I require a medically prescribed diet.
- I require and use a Service Animal.
- Other
- None
- There is a person you may contact to help me in an emergency.

Name of Person _____

Telephone:(home) _____ (work) _____

To request Emergency Planning Information in alternative formats, go online to www.vtnuclearsafety.com or call 1-800-347-0488 (TTY: 1-888-545-7598) and ask for the RERP program.

If you have marked any of the boxes above, please fill out the rest of this card and return it promptly. A representative of your local Emergency Management Agency may contact you to get more information. If you are completing this card for someone else, please include your name and telephone number too.

Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

TTY: _____

Person completing this card: _____

Please call me at Telephone: _____

The above information will be kept confidential for your protection.

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