Address	1-1-1 Hirosaka, Kanazawa 920-8577
Address	Postal barcode:
Name	Ichiro Choju

Preprinted

Agreement for providing information of the List of People Who Require Support for Evacuation

Pleas	se confirm the	following and	fill out the it	ems <u>withi</u>	n the boxes	with	thick	borde	<u>rs</u> .		
	Katakana Name	Preprin Preprir		Sex	Preprinted	Date of birth			Preprinted		
	Address	Preprinted					_	Tel			
	Living	*Fill in your living address only if it differs from the above address.				Contact	ı ei				
	address (Current address)	☐ Care facility/ Hospital (Name :) ☐ Relative's/ acquaintance's house					Fax			-	-
	School area	·	(Address :) Preprinted Communassociation								
	Reasons for requir the support for evacuation	ing Elderly	Preprinted	Needs care	Preprinted		abled Prepr		rinted	Other	
I agree to provide the above information for the List of People Who Require Support for Evacuation to people involved with evacuation support in preparation for disaster.											
Check YES or NO YESes Reason for not agreeing NOe If you checked NO, please check ✓ the reason(s) why. Reason for not agreeing I can evacuate myself. My family or cohabitants will support me. I do not want to disclose my personal information. I am a long-term resident of a care facility or hospital. Other: ()											
To: Mayor of Kanazawa Name (signature):											
(Signature or printed name and seal) Note: 1 Select a box (□) and check(✓) it. 2 Sealing can be omitted when the addressee signs himself/ herself.											
the (Fill i when	on submitting agreement	Name							tion to		
	in the name only it differs from the addressee)	Address		Tel :			Fax:				
Contact in case of emergency (family, etc.) (The information indicated below is not provided to people involved with evacuation support.)											
	Name					Re	lation t	o the			

			,		
Name		Relation to the			
		addressee			
Address		Tel	1	_	
		Fax	_	_	