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

	_
Preprinted	

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

Please confirm the following and fill out the items within the boxes with thick borders.											
	Katakana Name	Preprint Preprin		Sex	Preprinted	Date of birth			Preprinted		ited
Information	Address	Preprinted				Contact	Tel				-
	Living address (Current address)	*Fill in your living address only if it differs from the above address. Care facility/ Hospital									
		(Name : ☐ Relative's/ a (Address :	/ acquaintance's house				Fax				
	School area name	Preprinted Commur association									
	Reasons for requir the support for evacuation	Elderly	Preprinted	Needs care	Preprinted	Dis	isabled Prep		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 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: (
(year) (month) (day) 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.											
	on submitting agreement	Name							tion to th dressee		
when	n 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.)											
						<u> </u>	Jotion	- U			

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