

Preprinted

Please confirm the following and fill out the items within the boxes with thick borders.

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 {
☐ **YES**
☐ **NO**

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: ()

(year) (month) (day)

To: Mayor of Kanazawa

Name (signature): _____
(Signature or printed name and seal)

1 Select a box (□) and check(✓) it.

2 Sealing can be omitted when the addressee signs himself/ herself.

Contact in case of emergency (family, etc.)
(The information indicated below is not provided to people involved with evacuation support.)

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