

Town of Easton Request for Wellness Check Emergency Form

Name of Property Owner: _____

Address: _____, Easton, NH Residence: Full Time: ____ Seasonal: ____

If seasonal property, your Residential address: _____

Phone: Easton #: _____ Cell #: _____ Residential #: _____

Alternative Contact Person: _____ Contact's Phone #: _____

Local Key holder: _____ Holder's Phone #: _____

Are there any Residents that would require a generator for medical reasons? Yes: ____ No: ____

Explain: _____

Would you wish a check up during prolong electrical outages? Yes: ____ No: ____