

FARM EMERGENCY INFORMATION PLAN

Address: _____

State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Important Information: _____



PRIMARY EMERGENCY NUMBERS

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

POLICE, FIRE AMBULANCE: DIAL 911

EMERGENCY CONTACTS

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Name: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

FARM EMERGENCY CONTACT FORM

County Emergency Management Office

Neighbor

Neighbor

Out of State Contact

American Red Cross

Power Company

Gas Company

Water Company

Disaster Hotline

County Public Health Department

Poison Control Center

Local Veterinarian

State Veterinarian

Cooperative Extension Service

Livestock Shipper

Fuel Supplier

Grain Hauler

Milk Hauler

HOMEOWNER'S INSURANCE POLICY

Company: _____

Agent: _____

Policy Number: _____

FARM INSURANCE POLICY

Company: _____

Policy Number: _____

FLOOD INSURANCE POLICY

Company: _____

Policy Number: _____

WIND AND/OR HAIL INSURANCE POLICY

Company: _____

Policy Number: _____

IMPORTANT MEDICAL INFORMATION

Folding Directions: 1) fold top to bottom 2) fold side to side 3) fold top to bottom Farm Emergency Information Plan should be the front panel.