

WALK LIST

Emergency Preparedness Leader Name: _____

Phone: _____

Use this list to keep track of your invitations, reminder calls and neighbor's responses.

1. As you visit your neighbors, fill in their information.

2. Use this list for making your reminder calls a few days before the Information Meeting.

	Yes	Maybe/bad date	No	Confirmed
1. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				

	Yes	Maybe/bad date	No	Confirmed
2. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				

	Yes	Maybe/bad date	No	Confirmed
3. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				

	Yes	Maybe/bad date	No	Confirmed
4. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				

	Yes	Maybe/bad date	No	Confirmed
5. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				

	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
6. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
7. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
8. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
9. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
10. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
11. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				
	<u>Yes</u>	<u>Maybe/bad date</u>	<u>No</u>	<u>Confirmed</u>
12. Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address: _____				
Phone: _____ E-mail: _____				
Comments: _____				