

IMPORTANT:

If you or a family member require special assistance, please fill out and return this response card.

FOLD IN HALF AND SEAL

Request for Special Assistance

If you have a disability or special/functional need that will require assistance during an emergency evacuation, please fill out and return this card. Provisions have been made to provide transportation to those who need it, but it is very important those needs are identified before the emergency. Local authorities will keep this information confidential. **This card should be completed annually.**

Transportation

- | | |
|---|--|
| <input type="checkbox"/> Do not drive or have friends/family that can drive you | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Cannot walk – requires a wheelchair | <input type="checkbox"/> Other (explain in comments) |
| <input type="checkbox"/> Bedridden or medical equipment not easily transported | |
| <input type="checkbox"/> Use cane or walker | |

Special/Functional Needs

- | | | |
|--|---|--|
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Use service animal | <input type="checkbox"/> Cognitive/Memory impairment |
| <input type="checkbox"/> Visually impaired | <input type="checkbox"/> Oxygen dependent | <input type="checkbox"/> Other (explain in comments) |
| <input type="checkbox"/> Speech impediment | <input type="checkbox"/> Life support dependent | |

Comments: _____

Contact Information for Person Needing Assistance (please print)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

*Municipality: _____ County: _____

Telephone: Home _____ Cell _____

Emergency Contact (1): _____

Name: _____

Telephone: Home _____ Work _____ Cell _____

Person completing form if different than listed above:

Name: _____

Phone: _____

**Required Information*

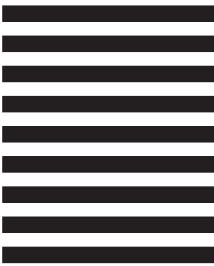
2025

Any questions please email nuclearemergencyplan@talenergy.com

Even if you have mailed a **Special Assistance Card** in the past, it is very important to mail one every year so we have the most updated information about your needs. Local authorities will keep this information confidential.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1 BERWICK, PA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: EMERGENCY PREPAREDNESS
SUSQUEHANNA NUCLEAR LLC
NUCLEAR EMERGENCY
252 CONFERS LN
BERWICK PA 18603-9979

