

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

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

Special/Functional Needs

- | | | |
|--|---|--|
| ☐ Hearing impaired | ☐ Use service animal | ☐ Cognitive/Memory impairment |
| ☐ Visually impaired | ☐ Oxygen dependent | ☐ Other (explain in comments) |
| ☐ Speech impediment | ☐ 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 Name: _____

Telephone: ☐ Home _____ ☐ Work _____ ☐ Cell _____

Person completing form if different than listed above:

Name: _____

Phone: _____

**Required Information*

2026

Any questions please email nuclearemergencyplan@talenenergy.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

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