
Do Not Want Service Form

I have been offered the opportunity to apply for
evacuation assistance from the
Brevard County Special Needs Program.

I Do Not Want Assistance
for transportation or shelter placement at this time.

If I desire assistance in the future, I understand it is my
responsibility to contact the
Office of Emergency Management (321) 637-6670

PLEASE PRINT:

Last Name: _____ First Name: _____

Client Address: _____

Client Telephone: _____

CLIENT SIGNATURE: _____ DATE: _____

Signature of Registrant or Guardian (REQUIRED)

Attending Nurse Signature: _____ DATE: _____

AGENCY: _____

Please complete this form and return to: Brevard County Emergency Management
1746 Cedar Street
Rockledge, Fl 32955
321-637-4088