



EMERGENCY HOME PREPAREDNESS KIT PICKUP FORM

1.) I (your name as it appears on the Emergency Home Preparedness Kit application, PLEASE print

legibly)_____ am picking up my Kit in person.

— OR—

2.) I (your name as it appears on the Emergency Home Preparedness Kit application, print

legibly)_____ cannot pick up my **Emergency Home Preparedness Kit**. I give (name of person picking up your kit, print legibly)

permission to pick up my kit for me. I release GMEN from all responsibilities for the pickup and delivery of my kit

Signature of Applicant:_____

Applicant's Printed Name:_____

Date:_____

Signature of person designated to pick up kit, if applicable: (must be signed at time of pickup

ONLY):_____

Printed name (of person designated to pick up kit-Please Print Legibly):

For Staff Use Only

Required Information

Date of pick up:_____

Name of person picking up _____

Was valid matching ID presented for both the applicant and the person picking up the kit (if different from the applicant)?

___ Yes

___ No

_____ Staff Initials (Note: Scan & Upload this document& ID(s) to the applicant's Jotform record)