Municipality: _____

CRITICAL FACILITIES / SPECIAL NEEDS WITHOUT POWER AND SHELTER LISTING

(FAX to: Attn: Planning Section Chief, Erie County EOC at 451-7910

Date: _____ **Time: _____**

Point of Contact: _____

Name of Critical Facility/Person	Type of Facility or special need	Address	Number Affected

Shelters Opened in your Municipality

OPEN SHELTERS Location	TYPE OF SHELTER (Red Cross / Fire Department / Warming