

**RESIDENTIAL HEALTH CARE FACILITY  
Emergency Transportation Agreement**

In the event of an emergency that requires the evacuation of \_\_\_\_\_  
(name of facility)

I, \_\_\_\_\_ agree to provide transportation for the residents of the above  
mention facility to the designated receiving facility and the transportation back to the originating  
facility using my vehicle.

**Vehicle:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**# of Passengers:** \_\_\_\_\_

**For Facility:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Name of Facility**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

**Owner of Vehicle:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Vehicle Capacity**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**