

**Residential Health Care Facility
Plan Review Program
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
(Owner of Vehicle)

above mention facility to the designated receiving facility and the transportation back to the originating facility

using my vehicle.

Vehicle: _____

Year _____

Make _____

Model _____

of Passengers _____

For Facility:

Signature Date

Name of Facility

Address

Telephone

Owner Of Vehicle:

Signature Date

Vehicle Owner (please print)

Address

Telephone