



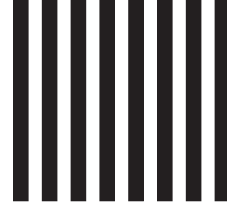
## For anyone who might need special help in an emergency

- ▶ Please fill out the other side of this card, cut it out along the dashed line, fold and seal it, then drop it into the mail. No postage is required.
- ▶ If you prefer, you can fill out the Functional Needs information at [www.bcsheriff.org](http://www.bcsheriff.org).
- ▶ Your functional needs information will be kept confidential.
- ▶ Each person needing assistance, even if living together at the same address, should fill out a card or the online form to notify us of each person's needs.
- ▶ The Berrien County Health Department will keep your functional needs information on file for one year. Please fill out a new card and mail it in as soon as you receive your new calendar.
- ▶ If you know someone with a functional need, volunteer to help them in an emergency. This is especially important if that person lives within the 10-mile Emergency Planning Zone (see the map on page 17). If this is not practical, please discuss and/or assist them in filling out the Functional Needs Emergency Information Card or the online form.

CUT ALONG THIS LINE



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



### BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 10 BRIDGEMAN MI

POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF BERRIEN COUNTY SHERIFF'S OFFICE  
BERRIEN COUNTY EMERGENCY MANAGEMENT  
2100 E EMPIRE AVE  
BENTON HARBOR MI 49022-9895



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CUT ALONG THIS LINE

Update and mail in your Functional Needs Emergency Information Card each year. As soon as you receive your calendar, fill it out and mail it or fill the form out online.

Each person needing assistance, even if living at the same address, should fill out a card or the B-WARN! form online to notify us of each person's needs.

CUT ALONG THIS LINE