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Do they require any other type of assistance? YES/NO

If YES, for what reason do they require such assistance?

- Lack of vehicle
- Immobility
- Visually impaired
- Disabled
- Temporarily incapacitated
- Other (please specify)

Is the disability/incapacity monitored by the Local Health Authority (ASL)? YES/NO

Is there a caregiver regularly taking care of you? YES/NO

If YES, will the caregiver accompany you? YES/NO

Will there be any pets accompanying you? YES/NO

If yes, how many and what kind?

I authorize the processing of personal data contained in this questionnaire pursuant to Article 13 of Legislative Decree 196/2003 and Article 13 of EU Regulation 2016/679 for the protection of individuals and legal entities regarding the processing of personal data solely for the purposes of managing evacuation operations.

DATE AND SIGNATURE

The streets marked with (X) may be partially included in the evacuation area. PLEASE REFER TO A CAREFUL CHECK ON THE ATTACHED MAP.