

Only return if answer is YES for any of the following questions:

1. Deaf or hard of hearing (difficult to hear outdoor warning sirens or other emergency notifications)? Yes

2. Difficulty evacuating in an emergency? Yes Why? _____

3. Without any personal means of transportation to evacuate in an emergency? Yes

4. Number of people in household? _____

5. Require medical attention for known condition if evacuated from your home? Yes

6. Without access to emergency alert messaging (no smart phone, television, or radio)?
Yes

Name: _____

Address (No P.O. Boxes): _____

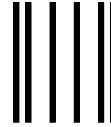
Physical Address, if different: _____

City, State, Zip: _____

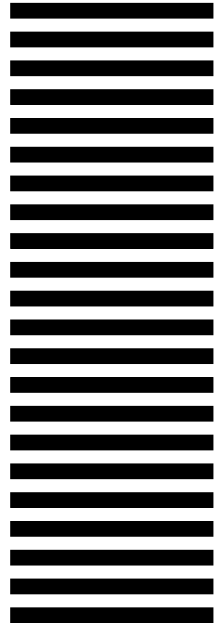
Municipality: _____ County: _____

Telephone Number: _____

Please do not write here, seal for privacy of your personal information.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2 OSWEGO, NY

POSTAGE WILL BE PAID BY ADDRESSEE

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348 LAKE RD
OSWEGO NY 13126-9907

