



EFFECTIVE  
DATE OF  
CHANGE

The personal information is collected on this form under the authority of the *Emergency Program Act* and is necessary for administrative purposes and may be shared with other public bodies, organizations and/or agencies to enable the provision of emergency services. Disclosure of personal information is subject to the provision of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection, use or disclosure of the information should be directed to the Emergency Social Services Office, Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559

CHANGE OF INFORMATION TAKEN:  IN PERSON  BY PHONE    AT:  RECEPTION CENTRE  CENTRAL REGISTRY

LAST NAME (FAMILY REPRESENTATIVE)	FIRST NAME (FAMILY REPRESENTATIVE)	ESS FILE #
LAST NAME (PERSON REPORTING CHANGE IF DIFFERENT FROM ABOVE)	FIRST NAME (PERSON REPORTING CHANGE)	PLACE OF REGISTRATION
PRE-DISASTER ADDRESS	POSTAL CODE	TELEPHONE (   )

CHANGE OF INFORMATION:  ADD  CHANGE  DELETE

<input type="checkbox"/>	CHANGE OF ADDRESS:	POSTAL CODE
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<input type="checkbox"/>	CHANGE OF CONTACT NUMBERS: (   )	(   )	E-MAIL ADDRESS
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<input type="checkbox"/>	OTHER CHANGES:
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INTERVIEWER'S FIRST NAME AND LAST INITIAL (PLEASE PRINT)	DATE
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