

50-352 OL

I-LEA Exhibit E-44

11/28/84



EA E-44

August 1, 1983

Dear Resident:

Your local emergency services are gathering information to serve you better. We are particularly concerned about those residents who may require special assistance or may have transportation problems. To help us, please complete this form for your household. If you checked any of the boxes, please return both copies in the enclosed envelope. No stamp is necessary.

1. Does everyone in your household usually have private transportation available?

No

2. Do you have a telephone?

No

3. Does everyone in your household understand English?

No

What language is spoken? _____

4. Does anyone in your household have any of the following problems:

Hearing Impairment

Sight Impairment

Speech Impairment

Non-ambulatory

If either of the above is checked, is a teletypewriter (must use wheelchair, confined to bed, etc.)

available No Yes

Other

Please Explain

If anyone in your household had to be relocated, would any type of special assistance be required?

A. Personal assistance

D. Ambulance

B. Special Vehicle

E. Other

C. Medical Equipment

Please Explain

If you did not check any of the boxes, there is no need to complete or return this form.

PLEASE PRINT

Name _____ Telephone _____

Address _____ PA _____

Township/Boro _____ County _____ (Zip)

Name of Person Completing Form _____

If you have completed this information form, please return in the postage paid envelope.

This information is considered confidential and will be used for emergency planning purposes only. You may be contacted by emergency services personnel in order that it may be verified and periodically updated.

NUCLEAR REGULATORY COMMISSION

Docket No. 50-352-OL Official Ex. No. LEA E-44
in the matter of Phila. Elec. Co.

Staff _____ IDENTIFIED X

Intervenor _____ RECEIVED X

Contractor _____ REJECTED _____

Cont'g Off'r _____ DATE 28 Nov 84

Contractor _____ DATE _____ Panel

Other ✓ _____ Witness _____

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