



## Nueces County Hurricane Reentry Request Form

---

### Guidance Review

#### [Entire Reentry Guidance](#)

I have reviewed the hurricane reentry guidance and request the following status for our organization/company (individuals will not be considered).

Tier 1 Authorization Only

Tier 1 Authorization & Evacuation Exemption

### Please complete the following information

Company or Organization Name:

City:

State:

Zip:

Business Phone:

### Physical Location

Physical location of place of business or assumed base of operations during emergency operations

Physical Address:

City:

State:

Zip:

Latitude/Longitude:

Emergency 24 Hour Phone:

Attach additional page(s) if for multiple locations or list below:



## Nueces County Hurricane Reentry Request Form

---

### **Emergency Communications Details**

Describe or attach emergency communications plan:

### **Reason for request**

Describe purpose for request **AND** emergency function to be performed in mandatory evacuation area:

### **Primary point of contact for reentry**

The following individual serves as the primary point of contact for reentry implementation for our organization. Please direct questions or follow up correspondence to the following:

Name:

Phone:

Email:

Continued on following page



## Nueces County Hurricane Reentry Request Form

---

### **Authorization**

I represent the above named organization and verify the existence of a **written** plan that makes provisions for emergency communications, adequate food, water, shelter and basic emergent medical needs for a minimum of 72 hours post landfall for all personnel remaining in the area under a mandatory evacuation order. We further recognize that this plan is subject to verification and review by the authorizing official.

By requesting authorization for exemption from evacuation and/or Tier 1 authorization, our organization acknowledges the inherent risks associated with hurricanes and assumes all applicable liability for death or injury to employees required to stay or work within the evacuation zone.

Authorized Representative Name:

Authorized Representative Signature:

Title:

Phone:

Email:



## Nueces County Hurricane Reentry Request Form

---

### **Appropriate Authorizing Officials**

#### **Nueces County**

Office of Emergency Management

Serving all unincorporated areas of Nueces County and the Cities of

- Agua Dulce
- Bishop
- Driscoll
- Petronilla

901 Leopard St. #303

Corpus Christi, TX 78401

#### **City of Aransas Pass**

Office of Emergency Management

600 E. Cleveland

Aransas Pass, TX 78336

#### **City of Corpus Christi**

Office of Emergency Management

2406 Leopard St. #400

Corpus Christi, TX 78408

#### **City of Port Aransas**

Office of Emergency Management

710 West Avenue A

Port Aransas, TX 78373

#### **City of Robstown**

Office of Emergency Management

516 Avenue B

Robstown, TX 78383



## Nueces County Hurricane Reentry Request Form

---

### Excerpt from Nueces County Hurricane Reentry Plan

#### **ATTACHMENT 3: Required Agency Credentials**

All personnel working in the impact area shall carry proper credentials and identification on their person at all times. Recommended agency identification/credentials are established as follows:

##### **All:**

- State issued driver's license or identification card
- Proof of deployment orders, mission assignment or other similar documentation authorizing work assignment in the impacted area for the designated incident.

##### **Governmental Employees:**

- Agency Photo Identification.
- Designation of "essential" or "disaster personnel" should be prominently displayed.
- Local volunteer personnel such as fire department/emergency services district personnel should possess applicable locally recognized identification as appropriate.

(Local governmental and/or voluntary agencies lacking agency identification should contact the Coastal Bend Council of Governments for details regarding available identification solutions)

##### **Private/VOAD Organizations:**

- Agency identification with photo.
- Tier 1 Level Essential Personnel Authorization Letter and/or company designation letter detailing the employee essential function and to the extent possible defining the geographic area where work is to be performed.

##### **Additional**

- Employees performing work that requires special credentialing/licensing should be prepared to produce credentials as required by the certifying agency. (TCLEOSE, DSHS license/certification, TCEQ, etc.)