



# Nueces County Hurricane Reentry 2017 Request Form

View entire reentry guidance at:

<http://www.nuecesco.com/public-services/emergency-management-536>

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: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

*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:*

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*):

*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: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Continued on following page*

## *Nueces County Hurricane Reentry Request Continued*

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: \_\_\_\_\_

This request should be mailed or delivered to the appropriate authorizing official.

Nueces County  
Office of Emergency Management  
*Serving all unincorporated areas of  
Nueces County and the Cities of Agua  
Dulce, Bishop, Driscoll and 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 7838

*From Nueces County Hurricane Reentry Plan (available [www.co.nueces.tx.us/emergency](http://www.co.nueces.tx.us/emergency))*

### **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.)