

EVACUATION CODE NO. _____
TAG NUMBER _____
(FOR OFFICE USE ONLY)

**APPLICATION
RESIDENT POST DISASTER RE-ENTRY TAG**

**CITY OF BRADENTON BEACH
107 GULF DRIVE NORTH
BRADENTON BEACH, FL 34217
(Telephone 941-778-1005/Fax 941-778-7585)**

Please fill out the following information **completely** and bring it to City Hall Administration office for processing. You must provide **two forms of identification** for proof of residency, including photo identification. Driver's license, voter I.D., utility bill, etc. will be accepted. Resident street address is required - no Post Office box address will be accepted.

ONE TAG PER RESIDENCE - TAG VALID FOR 3 YEARS FROM DATE OF ISSUE

NAME

ADDRESS

PRIMARY PHONE

ALTERNATE PHONE

SPECIAL EVACUATION NEEDS (Be specific)

VEHICLE INFORMATION: Please list **PRIMARY** return vehicle - list one

Year _____ **Make** _____ **Model** _____ **Color** _____

License Plate # _____ **No. vehicles at this address** _____

Own/Rent _____ **No. household members** _____

The individual named above is a **permanent resident** of this city and is being issued a post disaster re-entry tag.

Only one (1) tag will be issued per residence regardless of the number of vehicles owned by that household. Re-entry tags are **valid for the calendar year issued and the following two calendar years**. If a resident moves, the re-entry tag should be returned to the Administration office. Information registration provided above is for

the use of the City of Bradenton Beach and other Public Safety officials and is considered to be public information subject to the terms and limitations of Florida Statute 119.

Signature of Resident _____

Date _____

Intake _____

Clerk _____

Date of data entry _____