Neighborhood Paper Roster

Neighborhood: _____ Coordinator: _____ Event: _____ Date: _____ Page ___ of ___

G = OK **Y = Needs help, not urgent** **O = Needs help ASAP** **R = Urgent emergency: call 911 first** **? = Not heard from yet**

#	Address / unit	Household contact & phone	# ppl	Check 1	Check 2	Check 3	Needs / notes	Can help with
1				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
2				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
3				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
4				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
5				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
6				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
7				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
8				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
9				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
10				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
11				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
12				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
13				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
14				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
15				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		
16				G Y O R ? time ____:____	G Y O R ? time ____:____	G Y O R ? time ____:____		