## **CITY OF VITERBO**

THE QUESTIONNAIRE PERTAINS EXCLUSIVELY TO THOSE INSIDE THE RED ZONE (IN THE DOCUMENT ATTACHED);

IT MUST BE FILLED OUT ONLY IN CASE OF TRANSPORTATION NEEDS DURING THE EVACUATION ACTIVITIES THAT MUST BE COMPLETED BY 9 A.M. ON TUESDAY, MAY 7, 2024

- The completion of the questionnaire is essential to monitor, in the area affected by the evacuation procedures, all situations requiring assistance.
- The questionnaire can be downloaded from the institutional website <u>www.comune.viterbo.it</u> (dedicated section on the homepage).
- The questionnaire must be completed and returned to the Municipality of Viterbo by April 12, 2024,
  - by email to emergenza@comune.viterbo.it, specifying "Questionario" in the subject line;

For any doubts, needs, or clarifications, contact the number 0761 348550 (active from April 2, Monday to Friday, from 8 a.m. to 7 p.m., Saturday from 9 a.m. to 1 p.m.) or send an email to emergenza@comune.viterbo.it.

All official updates will be available on the institutional channels of the Municipality of Viterbo: website <a href="https://www.comune.viterbo.it">www.comune.viterbo.it</a> (dedicated section on the homepage) and on the Facebook page Comune di Viterbo Informa.

PERSONAL DETAILS OF THE QUESTIONNAIRE RESPONDENT (TO BE WRITTEN IN BLOCK LETTERS)

	NAME	SURNAME	AGE	
	MOBILE NUMBER			
	RESIDENCE/ADDRESS			
			, House number, Floor ES/NO, Name on the doorbell	
	How many people live at the current address?			
	Are they able to reach the nearest collection point (approximately within 500 meters) from whe shuttle buses will depart to the waiting areas after the completion of cleanup operations? YES/N			
	Do all of them require transportation assistance? YES/NO			
If NO, how many require transportation assistance?			ortation assistance?	
PLEASE PROVIDE PERSONAL DETAILS OF THOSE REQUIRING TRANSPORTATION ASSISTANCE				
	NAME	SURNAME	AGE	
	NAME	SURNAME	AGE	

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NAME

.....

SURNAME

......

**AGE** 

	Do they require any other type of assistance? YES/NO				
If YES, for what reason do they require such assistance?					
	Lack of vehicle				
	• Immobility				
	Visually impaired				
	• Disabled				
	Temporarily incapacitated				
	Other (please specify)				
	Is the disability/incapacity monitored by the Local Health Authority (ASL)? YES/NO				
	Is there a caregiver regularly taking care of you? YES/NO				
	If YES, will the caregiver accompany you? YES/NO				
	Will there be any pets accompanying you? YES/NO				
	If yes, how many and what kind?				
	uthorize the processing of personal data contained in this questionnaire pursuant to Article 13 of				

I authorize the processing of personal data contained in this questionnaire pursuant to Article 13 of Legislative Decree 196/2003 and Article 13 of EU Regulation 2016/679 for the protection of individuals and legal entities regarding the processing of personal data solely for the purposes of managing evacuation operations.

**DATE AND SIGNATURE** 

The streets marked with (X) may be partially included in the evacuation area. PLEASE REFER TO A CAREFUL CHECK ON THE ATTACHED MAP.