



**“NO PERSON LEFT BEHIND”**  
A Hurricane/Disaster Plan for People with Disabilities  
Prepared by the ADA Advisory Board of SWFL

**ADA Advisory Board Hurricane Database Application**

Name of Agency or person Requesting access to Database:

---

Address of Agency or person Requesting access:

---

City, State, Zip Code:

---

Phone Number of Agency or person requesting access:

---

Why is the data needed? (Please state in detail)

---

---

---

What specific services will the agency/person provide?

---

Are services offered for free or will there be costs (for-profit / non-profit)?

---



**“NO PERSON LEFT BEHIND”**  
A Hurricane/Disaster Plan for People with Disabilities  
Prepared by the ADA Advisory Board of SWFL

**Confidentiality Statement:** In order to protect data, no reproduction or redistribution unless specifically approved, by the ADA Advisory Board, and is approved before hand will be authorized. Data will only be used for the specific purposes outline in this application.

---

Agency or Person requesting Data

---

Date