



# Captiva Hurricane Preparation & Response Committee

**Fill in the required information and drop off, mail or fax to:**

Captiva Fire Control District  
P.O. Box 477  
Captiva, FL 33924

Fax 239 472-0247

I authorize (list names here) \_\_\_\_\_  
to check my home at (address) \_\_\_\_\_

after returning from an evacuation of Captiva. I understand that (this/those) people will  
separately acquire hurricane passes to gain entry in a timely way to Sanibel and Captiva.  
Thank you.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_  
(during hurricane season)