



BUENA VISTA LAKES MAINTENANCE ASSOCIATION, INC.
8855 Thunderbird Drive E., Hernando, MS 38632
BuenaVistaLakesHernandoMS@gmail.com

Emergency Action Questionnaire

The new Emergency Action Questionnaire (EAQ) was implemented following the devastation of the January 2020 tornado. This EAQ aims to assist residents by identifying appropriate steps to take in an emergency situation and ensuring the safety of all in the vicinity of Buena Vista Lakes.

Please send your Completed Emergency Evacuation Questionnaires back with your Proof of Residency Form.

Forms may be emailed, mailed or dropped in the locked BVL Mailbox at the clubhouse.

Personal Information:

Name: _____

Address: _____ Lot #(s) _____

Telephone Number Home: _____ Cell: _____ Work: _____

Number of individuals in household- Adults: _____ Children: _____

Medical Information:

Please list any Medical training or experience that anyone in your household has: _____

Is there anyone with a disability in the household? Yes _____ No _____

Type of Disability: _____

Do you or anyone in your home require a: Wheelchair: Yes _____ No _____

Walker: Yes _____ No _____ Oxygen: Yes _____ No _____

Or is anyone bedridden: Yes _____ No _____

Emergency Supplies:

Please list any Emergency training or experience that anyone in your household has: _____

Please list any supplies that you have that might be useful in a disaster:

Generator: Yes _____ No _____ 4-Wheel Drive: Yes _____ No _____

CB/Weather Radio: Yes _____ No _____ Amateur Radio Operator: Yes _____ No _____

Boat: Yes _____ Type: _____ No _____

Other: _____

Are you or anyone in your household is interested in Community Emergency Response Training (CERT):

Yes: _____ No: _____

Are you or anyone in your household willing to assist on Lakes & Dams projects? Yes: _____ No: _____

Thank you for your prompt response.

Buena Vista Lakes Board

(Over)



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Certification of Lot Owners and Occupants

Lot No.(s): _____
Lot Owner(s): _____
(This means **ALL LEGAL OWNERS** of the above lot or lots.)
Is this property rental/leased property: Yes _____ No _____
Mailing Address: _____
Home/Cell Phone No(s): _____
E-Mail Address(s): _____
Place of employment: _____ Work Phone: _____

Family Members (Legal spouse & Dependent Children) who live with you:

Name:	Relationship:	Age:	In School Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above information is true and correct and agree to notify the Secretary/Treasurer of Buena Vista Lakes Maintenance Association (BVL) of any changes. I understand that: (1) the purpose of this information is for BVL-authorized persons to accurately check the use of wristbands and use of "facilities" (meaning pool, lakes and other common areas in BVL); (2) **ONLY** persons who live with a lot owner in BVL are authorized to use the facilities and their guests (excluding renters) under the terms following; (3) guests with wristband are authorized to use the facilities **ONLY IF** accompanied by at least 1 of the above lot owners **OR** by 1 of the above family members if aged 16 or older **OR** a written permission statement, **signed and dated by lot owner listing lot number AND guests' names**; (4) the lot owner(s) is/are responsible for the behavior of his/her permitted guests; (5) the appropriate number of wristbands shall be in possession of each and every person when using the facilities (no more than 6 guests permitted at a time at the pool), along with valid photo identification for each person (except for children under 16), and shall be shown upon the request of any BVL-authorized person; (6) any violation may result in suspension of rights to use the facilities. Wristbands can be obtained prior to any monthly board meeting (beginning at 6:20) at the BVL Clubhouse & by mail upon completion of this form & by including a self-addressed stamped envelope. BVL meetings are held the first Monday of every month @ 7:00 p.m., if the Monday falls on a holiday the monthly meeting will be held the following Monday.

Number of Wristbands Issued: _____ (To be filled in by the secretary @ the time of issuance)

Signature of Lot Owner: _____ Date _____

Please return Completed Form to: BuenaVistaLakesHernandoMS@gmail.com or 8855 Thunderbird Dr. E
Hernando, MS 38632