

Manitowoc County Annual Municipal Emergency Management Survey

Municipality Name: _____

Municipal Head of Emergency Management

In accordance with Wis. Stat. §323.14 the governing body of each city, village, or town shall designate a municipal head of emergency management services.

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Does your municipality have a municipal Emergency Operations Plan? ☐ No ☐ Yes

Chief Elected Official

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Road Supervisor / Head of Public Works

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Critical Infrastructure

Do you have an identified location for an Emergency Operations Center (EOC)?* ☐ No ☐ Yes

*Do not list the County EOC, which may be available to municipalities, but may also be in use for County level operations during a disaster that impacts more than just your municipality.

- If yes, provide the location: _____
- If yes, provide the internet service provider(s) for the EOC: _____
- If yes, provide the landline phone provider for the EOC: _____
- If yes, does the EOC have a backup generator: ☐ No ☐ Yes
- If yes, does the generator power the electrical components of the heating system: ☐ No ☐ Yes
- If yes, what fuel type does the heating system use: ☐ Natural Gas ☐ Propane ☐ Other

Does your municipality store any diesel fuel? ☐ No ☐ Yes, if yes: average quantity in gallons: _____

- Can this fuel be pumped/dispensed without electricity? ☐ No ☐ Yes
- If no, does the pump have a backup generator? ☐ No ☐ Yes

Does your municipality store any regular gasoline? No Yes, if yes: average quantity in gallons:_____

- Can this fuel be pumped/dispensed without electricity? No Yes
- If no, does the pump have a backup generator? No Yes

Do any of your municipal buildings(s) have an emergency generator? No Yes, if yes:

Building Name	Building Address	Generator Fuel Type?	Does the Generator Power Electrical Components of the Building's Heating?	Heating Fuel Type

Do you provide a municipal electric supply? No Yes

- If yes, provide the name and cell phone number of the individual in charge of your municipal electric service?

Do you provide municipal water supply? No Yes

- If yes, do you have backup generator(s) installed or available to ensure water supply during an extended power outage?
- If yes, provide the name and cell p hone number of the individual in charge of your municipal water supply:_____

Do provide a municipal waste water service? No Yes

- If yes, do you have a backup generator(s) installed or available at lift stations or other facilities to ensure wastewater service during an extended power outage? No Yes
- If yes, provide the name and cell p hone number of the individual in charge of your municipal water supply:_____

Does your municipality have a location(s) identified to store debris following a disaster? No Yes

- If yes, list those location(s):_____

Does your municipality store a supply of sandbags? No Yes, if yes: average quantity?_____

Do any locations within your municipality experience recurring flooding? No Yes, if yes, list them:
