



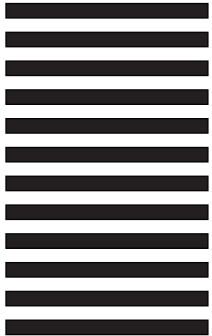
# Constellation's Emergency Planning Information 2024



ILLINOIS EMERGENCY MANAGEMENT AGENCY AND  
 OFFICE OF HOMELAND SECURITY (IEMA/HS) - REP UNIT  
 1035 OUTER PARK DR STE 300  
 SPRINGFIELD IL 62704-9846

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 1480 SPRINGFIELD IL



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES



**EMERGENCY PLANNING** information for residents, workers and visitors within 10 miles of a Constellation nuclear power plant is now posted on our website: <https://constellationpublic.info/>

Additional emergency planning information for farmers, food processors and distributors is available at the websites below:

<https://iemaohs.illinois.gov/content/dam/soi/en/web/iemaohs/nrs/documents/farmerbooklet.pdf>

<https://homelandsecurity.iowa.gov/programs/radiological-emergency-preparedness>

If you do not have access to the internet or a printer, please call Constellation at 630-657-4220 for a printed brochure.

If you wish to register with the County for special assistance, open fold below.

Or Scan the QR Code Below!



Tear at perforated line above, moisten glue strip, seal and return.



**Constellation**

### People with Functional & Transportation Needs

Individuals with impaired sight, hearing, or mobility may have difficulty responding to an emergency on their own. If you, or someone you know, would need specialized or transportation related assistance during an emergency, please complete the following postcard. Simply drop the pre-stamped and completed postcard in the mail. The information gathered from this postcard is CONFIDENTIAL and is only provided to public safety agencies to be used to assist individuals during an emergency. This information is updated on an annual basis.

**2024**

Please **ONLY** return this postcard if you need assistance during an emergency.

Please check **YES** or **NO** to all that apply to you and your household during an Emergency:

1. Are you hearing impaired (would you have difficulty hearing emergency notifications while outside)? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have personal means of transportation to evacuate in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you need assistance to evacuate in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you re-quire medical attention for a known condition, if evacuated from your home? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Number of people in your household? # \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address(No P.O. Boxes): \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Please do not write here, seal for privacy of your personal information.