Bishop **Quarantine** Report to the Stake President **your area**

Bishop		Ward #	
Date	Time	Report #	
Address and phone i	number where the form is being	filled out	
Address and phone i	number where I can be reached	if different from above	
•	<u>-</u>	s as they currently exist. Do NOT add pre-	•
water, food, etc. then p	ut the number in the blank. The num	bers represent actual individuals and	not households.
Number of people th	at are sick		
Number of people si	ck that have sent directly to the	hospital or other quarantine station	on
Number of people de	eceased		
Number of people wi	ithout food		
Number of people wi	ithout water		
Number of people wi	ithout heat (in time	e of winter)	
Number of people wi	ithout electricity		
Comments and spec	cial needs:		
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