

1-15-2018

RE: Fair Oaks Lodge Emergency Preparedness Plan

The enclosed information is in regards to Fair Oaks Lodge Emergency Preparedness plan. We are requesting your partnership in case of an emergency. Please sign and return the Memorandum of Understanding to Fair Oaks Lodge.

Fair Oaks Lodge Attn: Administration 201 Shady Lane Drive Wadena, MN 56482

Thank you again for your partnership and please give me a call if you have any questions.

Sandy Larson Administrator 218-631-1302

Memorandum of Understanding

	nis agreement is made between Fair Oaks Lodge and Verndale School, an organization hereinafter referred as Auxiliary Organization.
Fa	cility Contact Telephone Number: 218-631-3691
Αι	uxiliary Organization Contact Telephone Number: 218-445-5184
Or	the event of a disaster or emergency affecting Fair Oaks Lodge, we may reach out to the Auxiliary ganization who may provide the following (as listed below) to the Facility. The extent of the support will dependent upon the availability of resources.
d	Housing/ shelter within county, Address: 411 South Brown Street, Verndale, MN 56481
\Diamond	Housing/ Shelter outside county, Address:
\Diamond	Transportation within county,
\rightarrow	Transportation outside county,
\Q	Water
\rightarrow	
	Fuel
◊	Fuel Generator use or rental
\Q	
\Q	Generator use or rental
	Generator use or rental Medical Supplies
♦	Generator use or rental Medical Supplies Pharmacy Supplies
◇◇◇◇	Generator use or rental Medical Supplies Pharmacy Supplies Other List any equipment
♦ ♦ ♦ Thi	Generator use or rental Medical Supplies Pharmacy Supplies Other

Title:

Date:

Organization:

Organization:

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\Diamond	Transportation outside county,
>	
\Diamond	Fuel
\rightarrow	Generator use or rental
\Diamond	Medical Supplies
\	Pharmacy Supplies
\(\)	Other
\Diamond	List any equipment
out	s agreement shall become effective on Friday, January 12th, 2018 and shall continue in effect indefinitely may be terminated by either party with a sixty (60) day written notice to the other party of its intentions arding any amendments or termination.

Signature:

Organization:

Title:

Date:

Signature:

Organization:

Date:

15-2018