

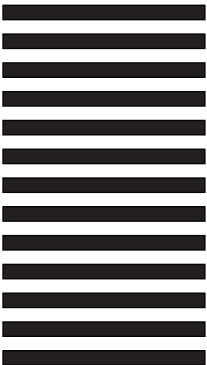


Constellation's Emergency Planning Information 2025



CONSTELLATION ENERGY CORPORATION
4300 WINFIELD RD
WARRENVILLE IL 60555-9802

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 43 WARRENVILLE IL
POSTAGE WILL BE PAID BY ADDRESSEE



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://www.constellationenergy.com/our-work/what-we-do/generation/nuclear/nuclear-emergency-preparedness-planning-public-information.html>

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-rep>

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.

2025

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 require 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.