

Important Safety Information for Your Community

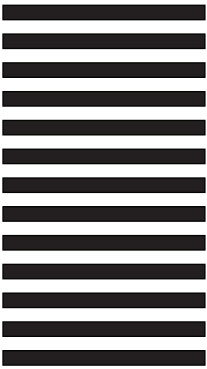


Constellation's Emergency Planning
Information 2025



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 from local and state emergency management agencies.

If you do not have access to the internet or a printer, please call Constellation at 800-220-2159 for a printed brochure.

Note: Please save this card and website for use in an emergency and monitor Emergency Alert Stations (EAS) for updates.

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



Instantly Access
Important Emergency Information
with your Smartphone by
scanning the QR code above

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



Constellation®

People with Access & Functional Needs

The information gathered by this postcard is CONFIDENTIAL and is only provided to public safety agencies to assist during an emergency.

Those who are deaf or hard of hearing, blind or have low vision, or have mobility disabilities may need assistance responding to an emergency. 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-paid and completed postcard in the mail. This information is updated annually. **Please return this card even if you have previously responded.**

If you prefer, you may contact your local emergency management agency directly.

Please ONLY return this postcard if you responded “Yes” for any of the questions and need assistance during an emergency.

2025

Only return if answer is YES for any of the following questions:

- 1. Deaf or hard of hearing (difficult to hear outdoor warning sirens or other emergency notifications)? Yes ☐
- 2. Difficulty evacuating in an emergency? Yes ☐ Why? _____
- 3. Without any personal means of transportation to evacuate in an emergency? Yes ☐
- 4. Number of people in household? _____
- 5. Require medical attention for known condition if evacuated from your home? Yes ☐

Please state specific medical concerns/needs. (Voluntary) _____

- 6. Without access to emergency alert messaging (no smart phone, television, or radio)? Yes ☐

Name: _____

Address (No P.O. Boxes): _____

Physical Address, if different: _____

City, State, Zip: _____

Municipality: _____ County: _____

Telephone Number: _____ Email: _____

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