



Storm Shelter Registration

Property Owner: _____ Date: _____

Property Address: _____

Phone Number: _____ Household Population: _____

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Is anyone diabetic or on oxygen? _____

Other "Need to Know" Information: _____

Location of Shelter:

Provide detailed directions to your shelter if it were covered or not visible.
(front/back yard, north, east, south, west, color, above/below ground)

GPS Coordinates (if applicable): Latitude: _____ Long: _____

Signature: _____ Date: _____