

RESIDENTIAL STORM SHELTER REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Cell) _____

OUT OF TOWN CONTACT:

Name: _____

Address: _____

Phone: _____

TYPE OF SHELTER In Ground Basement Other: _____

Safe Room Crawl Space Other: _____

Special Considerations: _____

NUMBER IN FAMILY: Adults Children Pets

CAPACITY OF SHELTER: _____ SIZE OF SHELTER: _____

LOCATION OF SHELTER: _____

TYPE OF VENTILATION: _____

UTM Coordinates: _____

(Please make a rough drawing in box below noting location of your shelter)