



STORM SHELTER REGISTRATION

NAME: _____ Rent: _____

ADDRESS: _____ Own: _____

PHONE: _____

NAMES OF PERSONS LIVING AT THIS ADDRESS (please
state age of minors):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

TYPE OF SHELTER:

Basement: _____ Cellar: _____ In-Ground Pre-fab: _____

Safe room: _____ Other: _____

Please provide a short description of location on
property: _____

NAME OF CONTACT NOT LIVING AT THIS ADDRESS:

Name: _____ Phone: _____

COMMENTS: _____

DATE: _____ SIGNATURE: _____