

STORM SHELTER AND SAFE ROOM REGISTRATION FORM

NAME AND ADDRESS (PLEASE PRINT)

Name: _____
911 Address: _____
Mailing Address: _____
(City, State, Zip Code)

SHELTER INFORMATION

Use of Property: Residential Commercial Other
If other, please describe: _____

Type of Shelter: Inground Above ground Saferoom Other

Size of Shelter: Dimensions: _____ X _____ Total Square Feet: _____

Construction: Concrete Steel Other
If other, please describe: _____

Location of Shelter: Backyard Garage (attached/detached) Basement

Describe location: _____

Date of Installation: Month: _____ Year: _____

WHO WILL BE USING THE SHELTER? (LIST ALL NAMES AND RELATIONSHIP)

NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____
NAME: _____ RELATIONSHIP: _____

SIGNATURE: By signing below I understand by registering my shelter, that it may be an undetermined amount of time, depending on the size of the emergency, before a rescue attempt may be initiated at my location. With my signature, I release the City of Monett from any liability, from any event that occurs due to delayed rescue.

Signature: _____

Date: _____

