

Safe Room – Storm Cellar Registration

		DATE	
OWNER			
ADDRESS			
PHONE			
ALT. CONTACT			
LOCATION ON PROP			
GPS COORDINATES_			
TYPE OF SHELTER:		YEAR COMPLETEDOCCUPANTS INSIDE SHELTER:	
		ADULTS	_ CHILDREN
EMERGENCY SUPPL	IES: U YES U	NO HOW MANY DAYS?	
FIRE DISTRICT			
SCHOOL DISTRICT_			
SPECIAL MEDICAL N	EEDS:		