

STORM SHELTER REGISTRATION

Date: _____

First Name	Last Name
<input type="text"/>	<input type="text"/>

House Address	Street	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Latitude / Longitude (if known)

Latitude:	Longitude:
<input type="text"/>	<input type="text"/>

Home Phone	Mobile Phone 1	Mobile Phone 2
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Email Address

Emergency Contact (outside of home)

Name:	Phone:
<input type="text"/>	<input type="text"/>

Number of people expected in the shelter

Number and types of pets expected in the shelter

Is your shelter above ground or below ground? *If part of the shelter is below ground, then it is considered a below ground shelter. Above Ground Below Ground

Shelter Location (Please describe the location of your shelter starting at the driveway entrance.)

Latitude:	Longitude:
<input type="text"/>	<input type="text"/>

Please list any medical conditions and/or needs of those who are expected to be in the shelter. (oxygen dependent, diabetic, claustrophobic, etc.)

RETURN FORM:

Email to lovecoem@outlook.com

Drop off at Love County Justice Center: 8339 US Highway 77, Marietta, OK 73448

Mail to or drop off: Love County Emergency Management 405 W Main, Ste 203, Marietta, OK 73448