

**Storm Shelter Registration Form**  
**Email form to mcclain.em@gmail.com**

Date: \_\_\_\_\_

First Name

Last Name

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911 address on house

Street

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City

Zip

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Home Latitude/Longitude (if known)

Latitude:

Longitude:

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Home Phone

Mobile Phone 1

Mobile Phone 2

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Email address

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Emergency Contact (outside of home)

Name:

Phone:

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Number of people who might be in the shelter

Number of pets who might be in the shelter

Types of pets that might be in the shelter

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

Shelter Location (describe the location of your shelter from the entrance of your driveway)


Does anyone who would be in the shelter have medical issues such as oxygen use, diabetic, panic attacks, or claustrophobic?
