

Storm Shelter Location

Name: _____

Address: _____ City: _____

Phone Numbers : Home: _____

Cell: _____

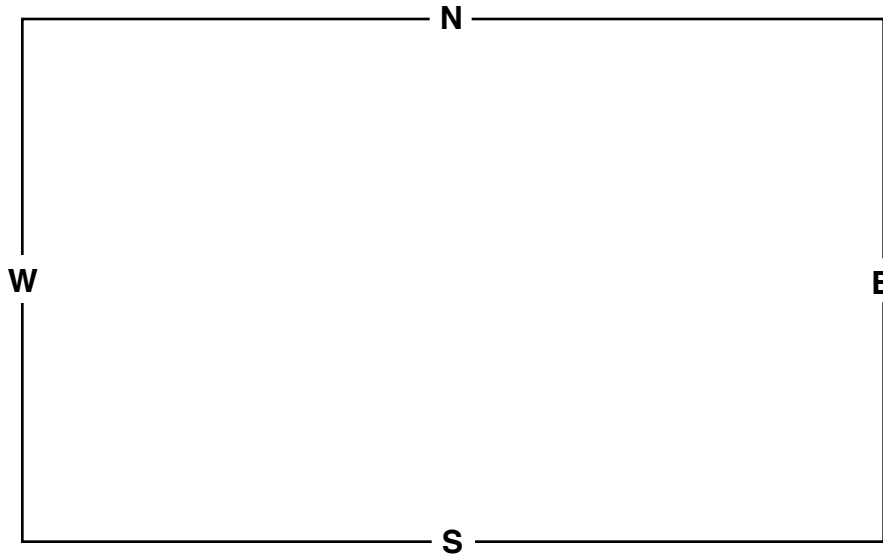
Closest relative not living with you: _____

Total number of people (*including yourself*) who live at this address: _____

Is your storm shelter located inside your home? Yes _____ No _____

Physical location of your storm shelter: _____

Please draw a picture of the location of your storm shelter on your property.
(If your shelter is located inside your home, draw the outline of your foundation with the location of your shelter.)



Courtesy of:



Copies will be filed with the local Fire Department and County Emergency Management Coordinator.