

# OSAGE COUNTY

## STORM SHELTER REGISTRATION

Name: \_\_\_\_\_  
first, last

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
street address, city, state, zip

Phone: \_\_\_\_\_  
home, cell

### Type of Shelter:

- SAFE ROOM  
 BELOW GROUND  
 OTHER: \_\_\_\_\_

### Location of Shelter:

- |   |   |
|---|---|
| <input type="checkbox"/> GARAGE         | <input type="checkbox"/> NORTHEAST CORNER OF HOME |
| <input type="checkbox"/> FRONT YARD     | <input type="checkbox"/> SOUTHEAST CORNER OF HOME |
| <input type="checkbox"/> BACK YARD      | <input type="checkbox"/> NORTHWEST CORNER OF HOME |
| <input type="checkbox"/> CENTER OF HOME | <input type="checkbox"/> SOUTHWEST CORNER OF HOME |
| <input type="checkbox"/> OTHER: _____   |   |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Out of Town Contact: \_\_\_\_\_

Total # in Household: \_\_\_\_\_

Pets: \_\_\_\_\_  
number of, type, names