

Storm Shelter Registration Form

Name: _____

Address of shelter: _____

City: _____ Zip Code: _____

Telephone Numbers: _____

Above Ground _____ Below Ground _____

Exact location of Shelter or Safe Room: (Use: SW corner of slab, or, in back yard, or, east of house, rather than next to master bedroom. ...etc.) _____

Longitude and Latitude of shelter if you known: _____

Signature: _____ DATE: _____

When complete return to: Wilson County Emergency Management

421 N 7th

Fredonia, KS 66736

Or email it with subject line "Shelter Registration" to wcem@twinmounds.com