

Town of Mounds Storm Shelter Registration

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ - _____

Email: _____@_____._____

Primary Tel: () _____ - _____ Other Tel: () _____ - _____

Emergency contact: _____ Tel: () _____ - _____

Type of Shelter

Above ground

Below ground

Location of Shelter

Garage

Basement

Stairwell

Yard

Closet

Other (please describe briefly) _____

Form are on file at the town hall and used for emergency purposes only. Residents are responsible for updating any changes to this form.

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