



## MURRAY FIRE DEPARTMENT

### STORM SHELTER REGISTRATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Shelter Address: \_\_\_\_\_

Shelter Location:

Back Yard      Front Yard      Side Yard Right      Side Yard Left

Garage      In-House Safe Room      Basement

Shelter Type:

In Ground      Safe Room      Basement      Other

Year Completed: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (Shelter location)

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

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