

City of Hominy Storm Shelter Registration

This form **requires your name.**

First Name: _____

Last Name: _____

Email: _____

Address: _____

Phone: _____

Cell Phone: _____

Type of Shelter:

- Safe Room
- Below Ground
- Other: _____

Location of Shelter:

- Garage
- Back yard
- Front yard
- Center of home
- Northeast corner of home
- Southeast corner of home
- Northwest corner of home
- Southwest corner of home
- Other: _____

Comments/Out of Town Contact: _____

Total in Household: _____

Pets Belonging to Family: _____
