

TOWN OF HINTON

STORM SHELTER REGISTRATION

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_ (home)

\_\_\_\_\_ (work or cell)

Phone Number: \_\_\_\_\_

Specific Location of Shelter (example: SW corner of garage): \_\_\_\_\_

\_\_\_\_\_

Nearest Relative not living with at above address: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_