

STORM SHELTER FORM

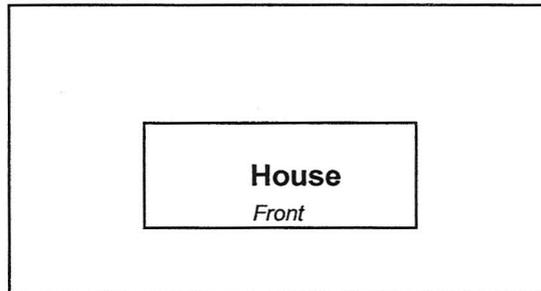
Residents Name _____

Address _____

Phone # _____

Location of Shelter on Property _____

Please indicate with an "X" location of shelter on the property map to the right.



Contact person not living in Burkburnett _____

Contact person's phone # _____

Contact person's Address _____