

## FAIR GROVE FIRE PROTECTION DISTRICT

P.O. BOX 103 FAIR GROVE, MISSOURI 65648-0103 Phone: (417) 759-7908 Fax: (417) 759-1160

www.fairgrovefire.org

# **STORM SHELTER REGISTRATION**

## STORM SHELTER REGISTRY

The Storm Shelter Registry is a program initiated by the Fair Grove Fire Protection District and Fair Grove Office of Emergency Management. The purpose of the Storm Shelter Registry is to provide a database of storm shelter locations within the Fair Grove Fire Protection District to assist emergency service personnel and first responders in providing aid to victims of natural disasters. The registry will be a valuable tool for emergency service personnel in locating and assisting residents that may have sought shelter and subsequently become trapped by storm debris.

### **HOW TO PARTICIPATE**

The Fair Grove Fire Protection District encourages anyone with a safe room or storm shelter to submit their information to the District Office located at 645 W Old Highway 65, Fair Grove, MO 65648. You can register a safe room, storm cellar, in-ground storm shelter, or basements.

District residents that have access to the internet can submit the information online or download a printable Storm Shelter Registration Form to mail or hand deliver. The information can be obtained by visiting <a href="https://www.fairgrovefire.org">www.fairgrovefire.org</a>.

#### ADDITIONAL INFORMATION

Should you have any questions or need further information please contact our District Office at (417) 759-7908 or email admin@fairgrovefire.org.

| Name:  |      |
|--|------|
| Street Address:  |      |
|  |      |
| City, State, Zip Code:   |      |
| Home Phone Number:   |      |
| Cell Phone Number:   | <br> |
| Email Address:   | <br> |
| Shelter Location:  | <br> |
| How Many People Are In Your Family?                              |      |
| How Many Pets Are In Your Family?                                |      |
| Comments/Notes/Special Instructions:                             |      |
| Special Needs of Family Members (I.E. Oxygen, Medications, Etc.) | <br> |
|  |      |
|  |      |
| Emergency Contact – Out Of State/Out of Area:                    | <br> |
| Emergency Contact Phone Number:                                  |      |