



Storm Shelter Information

NOTE -- This form is for the registration of existing storm shelters and safe rooms,

First Name:

Last Name:

Email Address:

Home Phone:

Shelter Address:

Shelter Location:
select...

Shelter Type:

In Ground

Safe Room

Basement

Other (Describe in Comments)

Year Completed:

If you have the latitude and longitude of the shelter, please record them in the comments section

Comments:

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