**City of Shallowater**

**Storm Shelter Registration Form**

**Full Name:**

**Address:**

**Phone Number:**

**Email Address:**

**Shelter Type:**

*Example: basement, outside cellar, above ground safe room*

**Shelter Location:**

*Example: Under house, backyard, under garage*

This form may be returned to Shallowater City Hall at 8th and Avenue G. or you may email it to the Shallowater Emergency Operations Center at jyoung@shallowatertx.us.