

Residential Storm Shelter Registry,

Please Return Form After Installation of Shelter

To: SMITHVILLE TOWN HALL - Fax (662) 651-5226

Phone (662)651-4411 Email: tostc@traceroad.net

63443 Hwy 25 North Smithville, MS 38870

Name: _____ Phone(s) _____

Address: _____ Date: _____

Type of Shelter: In-Ground Safe Room Above Ground Basement

Location of Shelter: Backyard Garage Front yard in house Side yard

Additional Info (Ex. W side of house or SW corner of garage): _____

Capacity of Shelter: _____ (Approx. # of people)

Please provide a simple drawing of

Lot and House

and indicate location of shelter.

Include street and a north arrow.

GPS COORDINATES

N - Latitude _____

W - Longitude _____