City of Jenks
Police Department / Communications
Storm Shelter & Safe Room Registration

FIRST NAME: _____ **LAST NAME:** _____

PHONE: _____ **MOBILE PHONE:** _____

EMAIL: _____

SHELTER ADDRESS: _____

_____
City State Zip

SUBDIVISION NAME: _____

TYPE OF SHELTER:
- ☐ Safe Room
- ☐ Storm Shelter
- ☐ Basement
- ☐ Above Ground
- ☐ Below Ground

LOCATION:
- ☐ Backyard
- ☐ Right (from street view) Sideyard
- ☐ Left (from street view) Sideyard
- ☐ Inside House Where? _____

ENTRY LOCATION:
- ☐ Garage
- ☐ Garage Floor
- ☐ Outside
- ☐ Basement
- ☐ Crawl Space
- ☐ Interior Living Space

DESCRIBE LOCATION (GPS coordinates, longitude & latitude), Building Construction Materials, etc.:

_____

_____

DESCRIBE ACCESS – Key, Keypad, Remote Control, etc.: _____

_____

SPECIAL NEEDS OF FAMILY MEMBERS (oxygen; deaf/hard of hearing; diabetic, physical limitations, etc.):

_____

_____

ALTERNATE CONTACTS (NOT to be in shelter):

#1 Alternate Contact Name: _____

Phone: _____ **Cell Phone:** _____

#2 Alternate Contact Name: _____

Phone: _____ **Cell Phone:** _____

COMPLETED BY: _____ **DATE:** _____

CONTACT METHOD if not Owner/Resident: _____

Return to: Records Clerk, Jenks Police Department
211 North Elm, Jenks OK 74037
918.299.6311 / FAX 918.556.7498
city@jenksok.org