Bixby Police Department
Residential Storm Shelter Registry

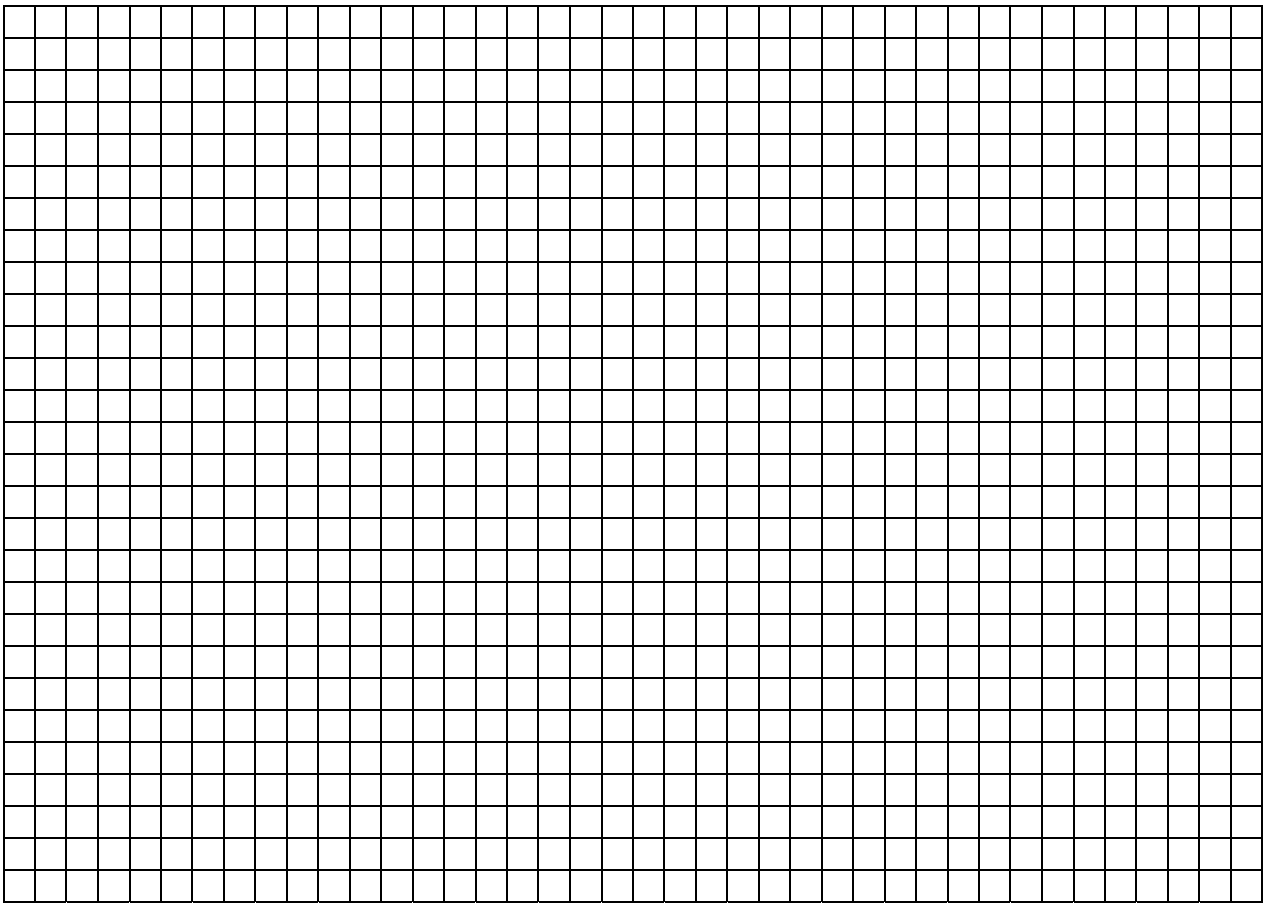
Name	Address	Phone	Date
_____	_____	_____	_____

_____
Location of Shelter

Size of shelter	Capacity	Out of town or other contact – Include name & phone #
_____	_____	_____

_____
Other address or location where you might be during a storm:

Type of shelter: ☐ In-Ground ☐ Safe Room ☐ Basement ☐ Crawl Space ☐ Other

Please provide a simple drawing of your lot, house and location of storm shelter. Please provide measurements.

NORTH