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