

AlertCitrus Registration - County Mass Notification System



Date: ____/____/____

Name: _____

Address: _____

City: _____ Zip: _____

Homeless? Provide the closet intersection to where you stay for a geolocation:

Phone 1: (____) ____-____ Text Capable: YES NO (carrier rates may apply)

Phone 2: (____) ____-____ Text Capable: YES NO (carrier rates may apply)

Email 1: _____@_____

Email 2: _____@_____

Do you wish to receive weather alerts? YES NO If yes, what type? (circle):

Severe Thunderstorm Warning Tropical Hurricane Flooding

Do you wish to receive Cold Weather Shelter alerts? YES NO

FORM RETURN Mail to: AlertCitrus, 3549 Saunders Way, Lecanto, FL 34461. Fax: 352-249-2733

Email photo or scan: emergencymanagement@sheriffcitrus.org Can't send? Call: 352-249-2753

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