



TOWN OF FENWICK ISLAND POLICE DEPARTMENT HOUSE REGISTRY FORM

YOUR YEAR ROUND CONTACT INFORMATION

Name (please print) _____ Today's Date: _____

Year round mailing address (please print): _____

Best phone #(s) to contact you **year round**: _____

Email address: _____ Email address: _____

FENWICK ISLAND PROPERTY INFORMATION (list all if more than one property – if not enough space, write on back)

Property Address	Is this your year round residence?	Is there a year round tenant ?	Is this a seasonal rental?	If year round tenant, list name/phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name/phone # of property management company (if applicable) _____

Name/phone # of alarm system company (if applicable) _____



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EMERGENCY CONTACT INFORMATION

Is there a local contact name and phone # for emergencies when you are away? Yes _____ No _____

If yes, please provide Name: _____ Phone #: _____

If the above contact is not next of kin and you want next of kin contacted in case of emergency, please provide:

Name: _____ Phone #: _____

If you don't live in Fenwick Island year round, are you (or anyone) normally in Fenwick Island during the hurricane season?

Yes ___ No ___ Partially ___ (check months usually here) June ___ July ___ August ___ September ___ October ___ November ___

If the Governor declares an evacuation will you: Go to an alternate residence _____ Need assistance to evacuate _____

Go to a Red Cross Shelter _____ Stay with family/friends _____ Not evacuate and stay in your FI residence _____

During an emergency recovery phase, who will be responding to assess the condition of your residence?

I will _____ My property agent listed above will _____ My local emergency contact above will _____

Signature required:

I understand that if I do not evacuate when instructed to do so the following events may occur: I may be stranded in my home for several days, the police and/or fire company may not be able to rescue me and that as a result of staying, I may die from the effects of the storm. I understand that emergency response personnel may deny access to anyone until the situation is considered safe, that anyone seeking access may be denied unless all conditions for re-entry have been met and that anyone not listed above may be denied access.

I understand that in order to gain access to my property I must have in my possession a current tax bill and photo identification. In the event that my property has multiple owners or is held in trust, one or two persons must be designated as primary responder. If anyone other than the person(s) specified above attempts to gain access, they may be denied.

I understand that in order to gain access to my property I must follow all directions given by official personnel. This may include reporting to a staging area prior to entry into Fenwick Island. I understand that all instructions must be followed exactly and to the letter and that personnel other than staff of Fenwick Island may be operating any or all checkpoints and they may deny access to anyone not properly documented or not in compliance with instructions.

Signature _____

Date _____