

Town of New Braintree



COMMUNITY NOTIFICATION ENROLLMENT

LOCATION DETAILS

ADDRESS TO BE MONITORED _____ APT./SUITE # _____

This address is: residential business

CITY _____ STATE _____ ZIP CODE _____

Is this address a mobile or manufactured home?

Do you require special assistance in the event of an emergency?

CONTACT INFORMATION

NAME (FIRST) _____ (LAST) _____

PHONE _____ MOBILE LAND LINE

TDD/TTY Device (Tone Delivery for hearing impaired)

PHONE _____ MOBILE LAND LINE

TDD/TTY Device (Tone Delivery for hearing impaired)

ALERT TYPES

EMERGENCY NOTIFICATIONS

GENERAL NOTIFICATIONS

Click both blocks to receive all notifications. You will automatically be enrolled in EMERGENCY if you choose neither type.



EMERGENCY COMMUNICATIONS NETWORK