



Employment and Social Services

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Alert FM Emergency Notification Receiver Request Form

Demographics	
Last Name: _____	Address: _____
First Name: _____	City: _____ State: ____ ZIP: _____
E-mail: _____	Mailing Address: _____
Phone Number: _____	City: _____ State: ____ ZIP: _____
Request	
I live in the qualified Public Safety Power Shut-Off (PSPS) area and;	
<input type="checkbox"/> Yes, I would like to OPT - IN and request an Alert FM Emergency Notification Receiver	
<input type="checkbox"/> No, I would like to OPT- OUT	
Signatory	
_____	_____
Signature	Date

Please save this Form, then sign and email document as attachment to: DESSAlertFM@buttecounty.net