

## REVERSE 911® System Sign-up Form

I, \_\_\_\_\_  
Please print your name

request to have my name and telephone number added to the REVERSE 911® System Emergency Call Database.  
By doing so, should any Emergency or potential Health Hazard occur in the area where I live, an attempt will be made to contact my telephone number notifying me of the situation.

Please SELECT FROM the following:

My unlisted phone # is ( ) \_\_\_\_\_ - \_\_\_\_\_

My cell phone # is ( ) \_\_\_\_\_ - \_\_\_\_\_

DO NOT INCLUDE my number in the REVERSE 911® call database.

**I UNDERSTAND THAT BY ADDING MY NAME AND NUMBER TO THE REVERSE 911® SYSTEM THAT THE INFORMATION IS CONFIDENTIAL AND I AM NOT GIVING PERMISSION FOR PRIVATE OR POLITICAL SOLICITATION OF ANY KIND.**

Property Address: \_\_\_\_\_

Unlisted Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this to the address below:

mail to: Kent County Office of Emergency Services  
104 Vickers Drive Unit D  
Chestertown, Maryland 21620  
Attention: Phillip Lott