

COMMUNITY NOTIFICATION ENROLLMENT



Location Details			*required fields
*Address to be monitored PLEASE NO P.O. BOXES		Apt/Suite/Unit	_
VENTNOR	NJ	08406	_
*City	*State	*Zip Code	
*This address is residential business			
Contact Information			
*Name FIRST AND LAST OR BUSINESS			
*Phone 1	Phone 2		
Mobile Mobile PROVIDER	11100110	SILE PROVIDER	
TDD/TTY device tone delivery, for hearing impaired	TDD/TTY de	evice Tone Delivery, For	HEARING IMPAIRED
EmailEMAIL ADDRESS	Text Messag	JE MOBILE PHONE NUMBER A	ND PHONE PROVIDER
Alert Types			
Emergency Notifications General Notifications			
PLEASE REMOVE ME FROM THE CITY OF VENTNO	OR NOTIFICATION	S, I NO LONGER LIVE	IN VENTNOR

EMAIL THIS FORM TO: OEM@Police.VentnorCity.org or Bring to City Hall, City Clerk's Office