



Delaware County Emergency Services EVERBRIDGE CONTACT REGISTRATION



Please provide the following information so that you may receive Delco Alert notifications from the Everbridge system in a timely manner.

<u>Required Information</u>	
First & Last Name:	
Email address:	
Home address:	
Cell phone:	
Home phone:	
<u>Optional Information (to be included in notification delivery method list)</u>	
Work address:	
2 nd Email address:	
2 nd Cell phone:	
Work phone:	
Alphanumeric Pager:	
TTY/TDD Phone:	

I acknowledge that by enrolling for Delaware County EVERBRIDGE notification that text messages will be sent to the text capable devices I have provided. The messages are for the purposes of emergency management and may be sent 24 hours a day as directed by the authorities having jurisdiction and based on the groups I am enrolled in.

I understand that it is solely my responsibility to insure the correctness of my subscriber contact information and send changes of my information to the County EVERBRIDGE coordinator at delcoalert@delcodes.org . This completed form may be faxed to 610-892-9583 for entry into the Delco Alert system.

Signature of subscriber: _____ Date: _____