



Citizen Alert Sign-Up Form

In the event of an emergency, local officials will use the **Jackson-Josephine County Citizen Alert** system to notified impacted communities. All your information is kept confidential and will not be sold or used for any purpose other than alert notifications. You can opt out or update your notification preferences at any time.

Questions? Call Jackson County Emergency Management at (541) 774-6790

Return completed form through any of the below options:

| Mail | Scan and email | Fax |
|---|-------------------------|--------------|
| Jackson Co Emergency Management 10 S. Oakdale, Rm 214 Medford, OR 97501 | alert@jacksoncounty.org | 541-774-6705 |

YOUR ACCOUNT

***First Name:** _____ ***Last Name:** _____

***Phone number we can reach you if we have questions:** _____

Contact Methods

***Required to list at least one (1) contact method.**

You do not have to provide information for each method listed below, only the ones you have or choose.

Example: If you only have a home phone, only "Phone Call #1" needs to be completed.

| Method | Information |
|---------------------|-------------|
| Phone Call #1: | |
| Phone Call #2: | |
| Phone Call #3: | |
| Phone Call #4: | |
| Cell Text #1: | |
| Cell Text #2: | |
| Email Address #1: | |
| Email Address #2: | |
| Extension Phone #1: | |
| TTY/TDD number: | |

*** required information**



Your Locations

You can add **up to 5 locations** to receive emergency and/or important information. Locations could include places you live or work, or places where family members live or work within Jackson or Josephine Counties.

Primary

***Location Name:** (e.g., Home, Work, School) _____

*Street Address: _____

*City: _____ *Zip Code: _____

Location Name: (e.g., Home, Work, School) _____

Street Address: _____

City: _____ Zip Code: _____

Location Name: (e.g., Home, Work, School) _____

Street Address: _____

City: _____ Zip Code: _____

Location Name: (e.g., Home, Work, School) _____

Street Address: _____

City: _____ Zip Code: _____

Location Name: (e.g., Home, Work, School) _____

Street Address: _____

City: _____ Zip Code: _____

* required information