

_____ **COUNTY EMERGENCY MANAGEMENT AGENCY**
SAFER PLACES PROGRAM

Application

Facility Name: _____

Address: _____

Point of Contact	Phone 1	Phone 2	Email

1. Does your Facility have an existing Severe Weather Plan? ____ Yes ____ No
2. Would you like for the _____ County Emergency Management Agency to visit your location to review the existing Severe Weather Plan? ____ Yes ____ No
3. Is your Facility disability accessible? ____ Yes ____ No
4. Will your Facility allow pets in the Safer Place or in a specific area of your Facility?
____ Yes ____ No
5. Does your facility meet the structural and other applicable codes as applicable at the time of its construction? ____ Yes ____ No

Attach photos of the facility, parking lot, and interior spaces that will be utilized for the Safer Place.