

Scan and sign up today!





Sacramento Alert Registration

*First name: (Required)	
Last Name: (Required)	
*Address: (notifications/calls are location ba	nsed – without address only countywide notifications will be received
City:	*Zip Code: (Required)
Here is how to contact me: (* <u>Required t</u>	o complete at least one)
L) Primary Email:	
2) Secondary Email:	
3) Home Phone:	4) Business Phone:
5) Primary Cell Phone:	6) Secondary Cell Phone:
7) Text Primary Cell:	8) Text Secondary Cell:
9) TTY Device:	10) Other Phone:

Signature: (Authorizing Sacramento OES to register your contact information into Everbridge)

Mail form to:

Sacramento Office of Emergency Services. 3720 Dudley Blvd. Suite 120. McClellan CA 95652