



SIGN UP for CodeRED * Terms and conditions apply

Contact Information

First name: _____

Last name: _____

Contact Addresses and Communication Methods

Address is (circle one): Residential Business

Address name (circle one): Home Other

Address to be notified (please no P.O. boxes): _____

City: _____

State: _____ Zip: _____

Phones

Phone number: _____

TDD/TTY device - Tone delivery, for hearing impaired

Send text messages - 1 message per alerting event. Message and data rates may apply.

Mobile Provider : _____

Emails: _____

Alert Types

Emergency Notifications

General Notifications

Email scanned form to Office of Emergency Management

EM@chehalistribe.org