



FRANK BABINEC
Fire Chief

**HURRICANE SHUTTER
OUT OF TOWN REGISTRATION**

*****BUILDING CANNOT BE OCCUPIED DURING REGISTRATION DATES*****

Name: _____ Email Address: _____

Home Address: _____ # of Floors: _____

Home Phone: _____ Cell Phone: _____

Alarm Company Name: _____

Alarm Company Phone: _____ Type: (circle all that apply) Burglar Fire Medical

***Date Leaving

***Date Returning

(Shutters may only be installed from June 1st to November 30th)

Address Where You Will Be Staying: _____

Phone Number Where You Will Be Staying: _____

Contact person in case you cannot be located or contacted:

Name: _____ Phone: _____ Relationship: _____

Resident Signature

**SEND FORM TO: Bruce Bowers, Fire Marshal
Coral Springs Fire Department
2801 Coral Springs Drive
Coral Springs, FL 33065
FAX: 954-346-1387
EMAIL: BBOWERS@CORALSPRINGS.ORG**