



Emergency Notification Enrollment

Personal Information

Full Name: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Emergency Contact Information

Please select up to three methods of notifying you in case of an emergency. You may select as few as one or choose to opt out. Please note: The system will continue to send notifications to you until it receives a confirmation from you that the message was received. If you choose more than one notification method, the system will try each one, in the order you prefer, until you confirm. Confirmation consists, basically, of a return message (e.g. if receiving a voice call, press a digit when prompted by the system to signify confirmation).

1st Preference (Choose one):

- Text Message to: _____
- Voice Call to: _____
- Email Message to: _____

2nd Preference (Optional. Choose one):

- Text Message to: _____
- Voice Call to: _____
- Email Message to: _____

3rd Preference (Optional. Choose one):

- Text Message to: _____
- Voice Call to: _____
- Email Message to: _____

- Opt Out: I prefer not to receive automated emergency notifications from the Legislative Council. I understand that in cases where the office may be closed due to emergency weather or other conditions, it is my responsibility to call the Legislative Council Emergency Communications line, 517-373-2100.

Signed: _____ Date: _____

Information provided on this form is strictly confidential.