



SUSSEX CORNER



PUBLIC REGISTRATION FORM

General Information

Please Print

First Name

Last Name

Address
Street

Street 2

Municipality

Province

Postal Code

Text Message Contact Number

Cellular only

Voice Message Contact Number

Primary

Secondary

Preferred Method of Notification

Text message (cell phone)

Voice message (landline or cell phone)

I hereby certify that the above information is true and complete to the best of my knowledge and further, give consent to the Village of Sussex Corner to use this information for emergency alert notifications.

Signature

Date

Please complete and return to the Village Hall, 1067 Main Street, Sussex Corner, N.B. E4E 3A1