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Sacramento Office of Emergency Services

Sacramento Alert Registration

***First name:** *(Required)*

***Last Name:** *(Required)*

***Address :** *(notifications/calls are location based – without address only countywide notifications will be received)*

City:

***Zip Code:** *(Required)*

Here is how to contact me: *(*Required to complete at least one)*

1) 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