

**Flemington Borough Emergency Alert System
Self-Registration Form**

The Flemington Borough Emergency Alert System is designed to notify residents of emergencies and critical information. If you do not have access to the internet or a smartphone, please complete this form to receive alerts via phone.

Resident Information:

- **Full Name:** _____
- **Street Address:** _____
- **Apartment/Unit #:** _____
- **City, State, ZIP:** _____

Contact Information:

- **Primary Phone Number:** () - _____
- **Secondary Phone Number (if applicable):** () - _____
- **Preferred Contact Method:** (Home / Cell)

Do you have any special needs that the Flemington Borough Office of Emergency Management should be aware of during an emergency:

- _____

Emergency Contact Information (Optional):

- **Name:** _____
- **Relationship:** _____
- **Phone Number:** () - _____
- **Would you like us to register your emergency contact to receive the alert (Yes / No**

Signature: _____

Date: ____ / ____ / ____

*Upon Completing this form, please drop off at Borough Hall, email to
oem@historicflemington.com or mail to:*

*Flemington Borough Office of Emergency Management
38 Park Ave
Flemington, NJ 08822*