



EMERGENCY TELEPHONE CONTACT PROGRAM PARTICIPATION FORM

By submitting this form to the Borough of Stone Harbor, I am agreeing to participate in the Emergency Telephone Contact Program. I accept, understand and agree that this is a voluntary program administered at the sole discretion of the borough with no guarantees, warranties or promises of any kind made by the Borough to me or my family or business and that the Borough may occasionally test the system at the Borough's sole discretion. I accept, understand and agree that the Borough of Stone Harbor owes no obligation to me, my family or business as a result of my participation in this program and I hereby waive any claim or cause of action whatever nature and whenever occurring as against the borough of Stone Harbor, its officials, officers, employees, agents and/or volunteers that my in anyway relate to this Program.

CONTACT INFORMATION *(Please print or type)*

Name: _____

Number to be called: (_____)_____

Cell Phone Company _____

Local Address: _____

Email address: _____

Sign here: _____

Complete and return to:

Borough of Stone Harbor
Emergency Telephone Contact Program
9508 Second Avenue
Stone Harbor, NJ 08247