

COUNTY OF ACCOMACK CODE RED EMERGENCY SYSTEM SIGN-UP FORM

employee Name.		nome Phone.	
Cell Carrier: (Verizon, AT&T, etc.) REQUIRED		Cell Number:	
Email Address:		Other Number(s):	
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and agree to acce mobile device and	ise Accomack County's Code Red Automa pt and receive County Alerts and related I to the cellular/mobile telephone numbe be subject to certain time lags and/or de	communications via	a text message to your ed to us. The information in
responsible for co	is not responsible for delayed or undeliv ntacting their Supervisor or using other n couraged to check County's webpage wh	nedia sources for Co	ounty Operational updates.
Signature:		Date:	