

City of Waynesboro  
Department of Emergency Management

Sewer Back-Flow Prevention  
Emergency Notification Registration

PLEASE PRINT OR TYPE

Initial Registration     Update Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Owner Occupied     Rental Property    If rental, provide tenant information below:

Renter Name: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Type of Notification Preferred:

Home Phone     Cell Phone     Email     Cell Phone Text Message     Owner     Tenant

I \_\_\_\_\_ request that I be notified by the City at anytime the Waste Treatment Plant lowers or closes the inflow gates. I understand that this registration is voluntary and that I am solely responsible for submitting and maintaining the contact information. The City assumes no responsibility for errors or omissions for the accuracy of the information provided.

I \_\_\_\_\_ choose not to participate in the City back-flow prevention notification program at this time. I understand that I can choose to enroll at anytime in the future. By choosing not to participate I assume any and all liability for any damages associated as a result of not being notified when the Waste Treatment Plan lowers or closes the inflow gates.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_