

Instructions:

If you wish to receive tornado or severe thunderstorm warning alerts and other emergency alert notifications from the Russell County 911 center, please fill out this form as completely as possible. This information will be strictly confidential and will not be used for any other purposes other than what is listed above. If at any time you wish to opt out of receiving any future alerts, simply contact us at the address below and you will be removed from the system.

Line #1: **you must provide at least one phone number in order to receive weather alerts.** This can be a landline (regular) or a wireless (cell) phone. Please specify if you would like to receive text alerts on this phone.

Line #2: an **optional** second phone number you would like to receive alerts on. This can be a landline or a wireless phone. Please specify if you would like to receive text alerts on this phone.

Line #3: an **optional** third phone number you would like to receive alerts on. This can be a landline or a wireless phone. Please specify if you would like to receive text alerts on this phone.

Line #4: an **optional** email address you would also like to receive alerts at.

Line #5: an **optional** second email address you would like to receive alerts at.

Line #6: please list your first name.

Line #7: please list your last name.

Line #8: please list your physical address of your home or business.

Line #9: please list the City of your home or business.

Line #10: please list the zip code of your home or business.

Line #11: please list a username that you will easily remember.

Line #12: the password **MUST** contain at least one capital letter and one special character.

If you do not fill out ANY of the required information, your request is incomplete and you will not receive any alert notifications.

There are several ways to turn in this request. In person, by mail or by fax. The address is:

Russell County 911

Attn: Greg Rose

339 E. 8th St

Russell, KS 67665

Fax: 785-483-6360

When your request has been processed and entered into the system, you will be notified by one of the contact methods you listed on the request form. If you have any questions or need additional information, please call Greg Rose at 785-483-2121.

You will be responsible for maintaining your own account information once you have been entered into the system. This includes your address, contact method(s), username & password. If you wish to change your information, go to <http://www.irisdispatch.com> and use your login information.

Please save this instruction sheet for future reference.

ADT SelectLink IRIS Opt-In Request

Contact Information:

1. (required) Phone number 1: _____ ext. _____ receive text alerts on this phone? _____
2. Phone number 2: _____ ext. _____ receive text alerts on this phone? _____
3. Phone number 3: _____ ext. _____ receive text alerts on this phone? _____
4. Email 1: _____
5. Email 2: _____

User Information:

6. (required) First Name: _____
7. (required) Last Name: _____

Primary Address:

8. (required) Address: _____
9. (required) City: _____
10. (required) Zip: _____

Account Information:

This information is needed to set up your account so that you will be able to change your contact information.

11. (required) Desired username: _____
12. (required) Password: _____

