



**SURRY COUNTY
EMERGENCY SERVICES
Instant Alert Response Card**

Please complete and return to:

**Emergency Services Dept.
P.O. Box 65
Surry, VA 23883**

Name: _____

Physical Address: _____

Please indicate by order of preference how you wish to be contacted (i.e. home number, work number or cell number).

1. _____ home work cell
2. _____ home work cell
3. _____ home work cell

DO NOT CONTACT

Signature _____ Date _____