

PRE-REGISTRATION APPLICATION

FOR EMERGENCY SERVICES



Please fill out this form as completely as possible. Your completed application will save valuable time when placing your emergency order. Mail to: Crisis Registration, Diamond Headquarters, 807 E. Mission Rd., San Marcos, CA 92069 or Fax to (760) 290-3338.

PLEASE PRINT CLEARLY

ENTITY: _____ CONTACT: _____ TITLE: _____
 PHYSICAL ADDRESS: _____ CITY: _____ ZIP: _____
 TELEPHONE: _____ EXT: _____ FAX: _____
 E-MAIL: _____

<p>Please indicate any/all of the following equipment, supplies & services you may require in the event of an emergency:</p>	<p><input type="checkbox"/> Portable Restrooms</p> <p><input type="checkbox"/> Hand Wash Stations</p> <p><input type="checkbox"/> Restroom Trailers</p> <p><input type="checkbox"/> Shower Trailers</p> <p><input type="checkbox"/> Holding Tanks</p>	<p><input type="checkbox"/> Pumping Services</p> <p><input type="checkbox"/> Generators / Pumps</p> <p><input type="checkbox"/> Temporary Fence</p> <p><input type="checkbox"/> Barricades</p> <p><input type="checkbox"/> Refuse Boxes w/Liners</p>	<p><input type="checkbox"/> Recycle Boxes w/Liners</p> <p><input type="checkbox"/> Non Potable Water</p> <p><input type="checkbox"/> Potable Water</p> <p><input type="checkbox"/> Bottled Drinking Water</p> <p>_____</p> <p>_____</p>
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¹We will never share, sell, or rent the information provided us with anyone without your advance permission or unless ordered by a court of law. Information submitted to us is only available to employees managing this information for purposes of contacting you or providing contracted services / equipment.

PLEASE PROVIDE CONTACT NAMES AND TELEPHONE NUMBERS WE SHOULD HAVE ON FILE:

EMERGENCY CONTACT NAME: _____ **MOBILE #:** (____) _____
EMERGENCY CONTACT NAME: _____ **MOBILE #:** (____) _____
EMERGENCY CONTACT NAME: _____ **MOBILE #:** (____) _____

ADDITIONAL BILLING INFORMATION

Purchase Order Required For Payment? Y N Optional Emergency Services Purchase Order _____

NOTE: Any Purchase Order Submitted For Emergency Services May Only Be Applied To Emergency Situations

Please establish a pre-registered emergency account for the above entity. I understand this offer is absolutely free.

Authorized Signature: _____ Print Name: _____ Title: _____ Date: __/__/__

FOR OFFICE USE ONLY

DATE RECEIVED _____ / _____ / _____

DES: Y N

CMS: Y N

Diamond Headquarters 888-744-7191