



# City of La Porte Office of Emergency Management



## Shelter In Place Affidavit

Dear Manager/ Owner,

Please complete the shelter in place affidavit and return it to this office on or before September 19th, 2008. Once completed, return the original form to the Office of Emergency Management located at 3001 N. 23rd St La Porte, TX 77571.

Name of Complex	
Address	
Manager/Owner name	
Name of person completing report	
Name (s) of people inspecting signs	
Number of Units	
Number of Signs posted	

### Manager/Owner Affirmation:

I \_\_\_\_\_ certify that this shelter in place affidavit has been completed and any deficiencies have been corrected immediately and without delay.

**Manager/ Owner:** \_\_\_\_\_  
Signature

SWORN AND SUBSCRIBED TO BEFORE ME THE UNDERSIGNED AUTHORITY, THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

MY COMMISSION  
EXPIRES: \_\_\_\_\_