

City of Wagoner

Rapid Cast Alert Notification System

Name: _____

Today's Date: _____

Service Address: _____

Account Number: _____

- ❖ By filling out this form and signing it, you will be signed up to receive alerts from our Rapid Cast Alert Notification System. Please check how you wish to receive these messages and which phone numbers or email addresses you wish them to be sent to.

- Text Message _____
- Phone Call _____
- E-Mail _____

- ❖ There is no cost for customers choosing to take advantage of this service.
- ❖ If you wish to change any phone numbers, E-Mail addresses, or to discontinue this service, please call the Billing Department.

Signature

Today's Date

City Employee

Date Completed