



CODERED DO NOT CALL RELEASE FORM

I am aware that Kewaunee County has subscribed to an alert system known as CodeRED. Kewaunee County may use the alert system to communicate with the public in cases where prompt notice to protect life, health or property is advantageous.

I acknowledge that providing the alert system known as CodeRED by Kewaunee County is a "governmental function".

As such, Kewaunee County, its officers, agents and employees enjoy immunity when providing the CodeRED alert system services.

I choose to be placed on the DO NOT CALL list for CodeRED alerts issued by **Kewaunee County**. By signing this release, I waive all claims against Kewaunee County and CodeRED, their officers, agents and employees in the event that members of my household or my property or I are adversely affected in the absence of timely notice of any event.

Name: _____

Address: _____

Telephone number(s): _____

Names of others residing at the above address: _____

Signature

Date

When completed, mail this form to:
Kewaunee County Emergency Management
625 Third Street
Luxemburg, WI 54217