

Flood Risk Premises

CODE INT

Full Name of householder/ business.(Title Mr/Mrs etc.)											
House Name and/or No.											
Street											
Town											
Postcode											

Flood Group (to be completed by Scottish Borders Council)	
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About you – Please enter your full name and address in the space provided above. **If you reside at a different address from the one to which the flood warning applies, you should complete the section below.**

CONTACT ADDRESS *(if different from above)*

House Name and / or No.											
Street											
Town											
Postcode											

About your telephone(s) - Please enter the name(s) of the contact(s) along with their full telephone numbers - **You can nominate three contact numbers. The user of any number you give should have agreed and be aware of what they should do if they receive a warning message.**

NOTE: Warnings are 'chained' i.e. the system attempts to contact the first number & only if unsuccessful (***an answer machine or fax registers as a success***), attempts to contact the next number(s) listed. Therefore you should list your contact numbers in priority order. *You should also consider spreading the messages across different contacts to achieve the best results.*

We can also send text messages to one mobile telephone.

Name	Tele. No. 1 VOICE												
Name	Tele. No. 2 VOICE												
Name	Tele. No. 3 VOICE												
Name	Mobile Tele TEXT												
E-MAIL ADDRESS													

NOTE: E-mail is only used for carrying out annual audit to verify details held.

Note:

Your details will be entered into the 'live' system immediately on receipt of the form and you will receive a sample 'welcome message' at some later date.

DECLARATION – Please complete the following section and return the form to the address below.

I (name)

Do / do not (delete which does not apply) wish to receive Flood Warnings in respect of the following property

(address)

.....

.....

..... (signature)

..... (date)

Data Protection:

Please note that the information provided on this form will be held on computer and manual files for the purpose of providing Flood Warnings.

This information will be passed to relevant employees and those organisations involved in the delivery of Flood Warnings.

If you object to this use of the information please write to the address below and the information will be withheld.

RETURN ADDRESS:

**Emergency Planning Section
Scottish Borders Council
Council Headquarters
Newtown St, Boswells
Melrose
TD6 0SA**

FURTHER INFORMATION:

If you would like further information or advice on this system please telephone 01835 825056

FOR OFFICIAL USE:

Date entered into system. Time. By