

Ohio Emergency Management Agency

Safe Room Rebate Program Certificate of Installation



Homeowner Information

Name of Homeowner: _____

Address Where Safe Room was Installed/Constructed: _____

City: _____ State: _____ Zip Code: _____

Safe Room Details

Please circle the type of safe room installed/constructed:

Above ground interior (bathroom/closet only)

Below ground interior (basement)

Above ground interior (other than bathroom/closet)

Below ground exterior (manhole)

Above ground exterior

Below ground exterior (masonry box)

Other (describe): _____

Manufacturer Name: _____

Name of Installation Company: _____

Address of Installation Company: _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Installation Company: _____ (_____)

Date of Safe Room Installation: _____

Safe Room Coordinates: Latitude _____ Longitude _____

Compliance Statement

The undersigned attests that this safe room's design, construction, and installation comply with the 2014 and 2015 versions respectively of FEMA Publications 320 "Taking Shelter from the Storm" and FEMA 361 (Guidance for Community Residential Safe Rooms).

Printed Name and Title of Installer: _____

Signature of Installer: _____ Date: _____