



Portage County Community Alert

OPT OUT FORM

Please read the text below and decide whether you wish to opt out of the information sharing described. If you choose to opt out, you must initial each paragraph below, then sign and return this form back to us in order to be removed from the program.

(Initial Here) _____ I wish to voluntarily opt out of the *Portage County Community Alert* notification system. In doing so, I understand my residential/business information will be removed by the County and I will no longer receive any recorded phone notifications from the County of Portage. I also understand this to include natural disaster notifications, other emergencies, etc. I further understand that this opt out may not affect notifications through the federal Integrated Public Alert and Warning System, and the time needed to execute this request may take 30 days or more.

(Initial Here) _____ I hereby release, discharge, hold harmless, and forever acquit Portage County and its officers, agents, representatives, and employees from any and all actions, causes of action, claims, and any liabilities whatsoever, known or unknown, which may arise on account of, or in any way be related to, my choice to opt out of the activities related to this program. I will also indemnify, defend, save, and hold harmless Portage County and its officers, agents, representatives, and employees in any civil action arising from my decision and consequences of opting out of the program.

Physically return the original completed form to: Portage County Community Alerts, 1500 Strongs Avenue, Stevens Point, Wisconsin 54481-3542. Incomplete or illegible submissions will not be honored.

Customer Full Name (PLEASE PRINT CLEARLY):

Customer Address:

Customer Phone:

Signature:

Date:
