



STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT



ASA HUTCHINSON
GOVERNOR

DAVID MAXWELL
DIRECTOR

Contractor
Name/Company _____ Date _____

Address _____
City State Zip Code

Phone # _____ Date Paid _____

The safe room structure built for _____ at

Address _____
(Must Be Physical Address)

was built to specifications as provided in FEMA Publication 320.

Signature of Contractor

Subscribed and sworn before me _____, a notary
public in the County of _____ on this _____ day
of _____, _____

My commission expires