

CODERED DO NOT CALL RELEASE FORM

I am aware that Isabella County, Michigan has subscribed to an alert system known as CodeRED. The Isabella County, Michigan 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 the **Isabella County, Michigan** is a “governmental function”.

As such, the **Isabella County, Michigan**, 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 **Isabella County, Michigan**. By signing this release, I waive all claims against **Isabella County, Michigan** 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

EMAIL TO: 911FOIA@isabellacounty.org

OR

FAX To: 1.888.384.5668