

AlertBrevard Opt-Out Form

Please read the information below and decide if you wish to opt-out of the emergency notices described. If you choose to opt out, you must sign and return this form to the address below in order to be removed from the emergency notices program.

Brevard County strongly urges residents to sign up and edit contact information or alert subscriptions on their AlertBrevard profile prior to choosing to opt-out.

I am aware that Brevard County (Board of County Commissioners) has subscribed to an emergency notices alert system known as Everbridge, Inc., and is using this system for public safety notifications.

Brevard County may use the alert system to notify the public in circumstances where prompt notice to residents is important to protect life, health or property.

By opting out, I understand Brevard County Emergency Management will remove my residential/business information from the system and I will no longer receive any notifications from the County.

I understand this includes notifications about boil-water notices, space launch anomalies, missing persons, evacuations due to wildfire or flooding, etc. I will not receive notification by telephone, text, or email. I acknowledge that the service the County is providing through the system is a "governmental function."

I choose to be placed on the DO NOT CALL list for alerts issued by the County (Emergency Management, Fire Rescue, Sheriff's Office and Utilities). By signing this release, I waive all claims against the County, Everbridge, and their officers, agents and employees in the event that members of my household, customers of my business or I are injured, or my property or my business premises damaged or otherwise adversely affected in the absence of timely notice of any event.

For questions about law enforcement notifications, individuals should contact the Sheriff's Office at 321-264-5100.

This Opt-Out option is permanent unless additional actions are taken. You may revoke this Opt-Out at any time by sending the County written notice (letter or email) revoking it, or you may register for the notification system, and select which notifications you wish to receive.

Printed Name: _____

Address: _____

Telephone number(s): _____

Date: _____

Signature: _____

Form may be submitted via postal mail to Brevard County Emergency Management at:
1746 Cedar Street, Rockledge, FL 32955 | eoc1@brevardfl.gov