

SPECIAL NEEDS CONTACT I N F O R M A T I O N

As you know manmade or natural disaster can happen at any time, so we need to be current. I would like to update all business addresses, phone numbers and contacts for the year 2004. The following information is needed for agency notification during both normal and after-hours operations and situations.

Please provide the primary and alternate point of contact information and return to the Office of Emergency Management Thank You! **PLEASE PRINT**

AGENCY: _____

PRIMARY CONTACT

NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____

FAX NUMBER: () _____

PAGER NUMBER: () _____

HOME NUMBER: () _____

Email ADDRESS: _____

SECONDARY CONTACT

NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____

FAX NUMBER: () _____

PAGER NUMBER: () _____

HOME NUMBER: () _____

Email ADDRESS: _____