

## Columbus - Lowndes LEPC Emergency Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department / Agency / Organization: \_\_\_\_\_

Title: \_\_\_\_\_

	Work	Home/Personal
Phone Number		
Cell Phone		
Pager		
Vehicle Phone		
Fax		
E-Mail		
Address Street		
City		
State		
Zip Code		
Alternate Contact		
Alternate's Phone		
Alternate's Street		
Alternate's City		
Alternate's State		
Alternate's Zip		
Radio Frequency or Channel ( If Known)		
Call Sign / Radio ID		

**Please check the response categories that apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Amateur Radio/ARES                           | <input type="checkbox"/> Facility Emergency Contact | <input type="checkbox"/> Specialized Rescue |
| <input type="checkbox"/> City Government                              | <input type="checkbox"/> Fire / Extrication         | <input type="checkbox"/> State Government   |
| <input type="checkbox"/> County Government                            | <input type="checkbox"/> Hazardous Materials        | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Disaster Services<br>(ARC/Salv. Army/ Other) | <input type="checkbox"/> Law Enforcement            | <input type="checkbox"/> Public Utility     |
| <input type="checkbox"/> Disaster Shelter Coordinator                 | <input type="checkbox"/> Mass Feeding               | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Emergency Med. Services                      | <input type="checkbox"/> Public Works               | <input type="checkbox"/> _____              |
| <input type="checkbox"/> E-911 Dispatch Services                      | <input type="checkbox"/> Public Health              | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Emergency Management                         | <input type="checkbox"/> Road Maintenance           |   |
|   | <input type="checkbox"/> Search and Rescue          |   |

Please complete this sheet for each emergency contact person and return it to the Lowndes County Emergency Management Agency. Please send an updated sheet when any of the emergency contact information has changed. This information will be provided to the Emergency Management Agency and E-911 Dispatch Center for emergency contacts, emergency response and other disaster assistance.

Thanks you for your Assistance in this critical emergency planning activity.

Tim Groman  
Co-Chairman  
Columbus – Lowndes County LEPC