

CITY GOVERNMENT

MAYOR: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

MAYOR PROTEM : _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

CITY COUNCIL MEMBERS

COUNCIL MEMBER: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

COUNCIL MEMBER: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

COUNCIL MEMBER: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

COUNCIL MEMBER: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

COUNCIL MEMBER: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

CITY CLERK(S)

CITY CLERK: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

ASSISTANT CITY CLERK: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

ASSISTANT CITY CLERK: _____

HOME PHONE: _____

HOME ADDRESS: _____

CELL PHONE: _____

BUSINESS/WORK PHONE: _____

BUSINESS/WORK ADDRESS: _____

DEPARTMENT (IF APPLICABLE): _____

E-MAIL ADDRESS _____

NOTES OR ADDITIONAL INFORMATION

DESIGNATED SHELTERS IN YOUR CITY

**OTHER GROUPS, CIVIC ORGANIZATIONS,
CHURCH GROUPS, OR ETC THAT COULD BE
CONTACTED FOR RESOURCES:**

**PLEASE PROVIDE NAME OF GROUP OR ORGANIZATION, WHAT RESOURCE CAN BE PROVIDED, AND A CONTACT PHONE NUMBER SO I CAN FOLLOW UP WITH THEM.