

## Disaster Planning for Vulnerable Populations (DP4VP) Agency Emergency Contact Information

Thank you for joining the DP4VP working group. The information you provide will be used by the DP4VP group for these purposes:

- >sharing disaster preparedness information of value to your agency or your clients.
- >notifying you during emergencies of critical information that you may share with staff and clients.
- >testing contact information in periodic phone or email drills.

Person filling out form:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

Special Need served	
Organization	
Main Phone Number	
# of Clients Served	
Mailing address	
City	
State	
Zip	
<b>Contact 1 (C1)</b>	
C1 First Name	
C1 Last Name	
C1 Position	
C1 Land phone	
C1 Cell Phone	
C1 Pager	
C1 Email	
<b>Contact 2 (C2)</b>	
C2 First Name	
C2 Last Name	
C2 Position	
C2 Land phone	
C2 Cell Phone	
C2 Pager	
C2 Email	
<b>Contact 3 (C3)</b>	
C3 First Name	
C3 Last Name	
C3 Position	
C3 Land phone	
C3 Cell Phone	
C3 Pager	
C3 Email	

Please email or fax completed form to Christine Love at Sonoma County Public Health:

[clove@sonoma-county.org](mailto:clove@sonoma-county.org)

fax: 707-565-4411

phone: 707-565-4404

**Thank you!**