

ORGANIZATION CONTACT FORM

Name of Emergency Service Organization: _____

Name of the person who is responsible for the coordination of LOSAP reporting within your department:

Name: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

If there is a second person who assists with the coordination of LOSAP reporting within your department:

Name: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Name of the person who is responsible for reporting to the County the State Income Tax Deduction information within your department:

Name: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email Address: _____

Approved By: _____

Date: _____