

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: _____

(President, Chief or Secretary)

Date: _____