

APPENDIX 3: ESC/CONTINUITY COORDINATOR/PIO APPOINTMENT FORM

Department and agency heads may use this form to submit information, or may elect to do so using a standard agency memo form. Use one form for each Division/Section within a Department. Duplicate as necessary.

DEPARTMENT/AGENCY: _____

DIVISION/SECTION: _____

APPOINTING OFFICIAL: _____

EMERGENCY SERVICES COORDINATORS:

PRIMARY (NAME): _____

RANK/JOB TITLE: _____

WORK ADDRESS: _____

OFFICE PHONE: _____ HOME PHONE: _____

STATE CELL PHONE: _____ PERSONAL CELL PHONE: _____

ALTERNATE (NAME): _____

RANK/JOB TITLE: _____

WORK ADDRESS: _____

OFFICE PHONE: _____ HOME PHONE: _____

STATE CELL PHONE: _____ PERSONAL CELL PHONE: _____

CONTINUITY COORDINATOR (NAME): _____

RANK/JOB TITLE: _____

WORK ADDRESS: _____

OFFICE PHONE: _____ HOME PHONE: _____

STATE CELL PHONE: _____ PERSONAL CELL PHONE: _____

PUBLIC INFORMATION OFFICER (NAME): _____

RANK/JOB TITLE: _____

WORK ADDRESS: _____

OFFICE PHONE: _____ HOME PHONE: _____

STATE CELL PHONE: _____ PERSONAL CELL PHONE: _____