## SI-LODD NOTIFICATION INFORMATION (THIS PAGE IS MANDATORY)

List below the family members or friends you would like the department to contact in the order in which you would like them contacted. <u>Please do not list a minor child as a contact.</u> If the contact lives out of town or state, please list the name and phone number for the career fire department or law enforcement agency nearest your contact.

Contact #1		Relationship		
Address (include city, state & zip if	out of town)			
Home Phone	Work Phone		Mobile Phone	
Special Circumstances (i.e. h	ealth, age, need for an interpreter, etc.)			
0.4.64				
Out of town career Fire Department or Law Enforce Agency Name		Contact Number		
Contact #2	Relationship			
Address (include city, state & zip if e	out of town)			
Home Phone	Work Phone		Mobile Phone	
Special Circumstances (i.e. h	ealth age need for an interpreter etc.)			
Special Circuitistatives (i.e. in	early, age, need for an interpreter, etc.).			
Out of town	career Fire Department or I	aw Enforcement A	gency contact information:	
gency Name		Contact Number		
	please list them on the back	, , ,	ine officer to make the notification	
Member #1	ON THE PART OF THE			
Member #2				
Member #3				
ATTACAMENT TO				
Page 2 of 4				
1 age 2 01 4			Initials:	