

# Scotland County Emergency Management

## EOC Emergency Contact Information Sheet

Department/Agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Representing Department/Agency: \_\_\_\_\_

Your Title: \_\_\_\_\_

Your Contact Points: Telephone: Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cellular : \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Radio Call Number: \_\_\_\_\_

Pager: \_\_\_\_\_

Other: \_\_\_\_\_

Person to Contact in Your Absence: \_\_\_\_\_

Their Title: \_\_\_\_\_

Their Contact Points: Telephone: Work: \_\_\_\_\_

Home: \_\_\_\_\_

Cellular : \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Radio Call Number: \_\_\_\_\_

Pager: \_\_\_\_\_

Other: \_\_\_\_\_

Your Area of Responsibility in the Activation of the Scotland County  
Emergency Operation Plan:

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