

Critical Update Contact List

(Facility name)

Fill out this form with the contact information for individuals who would expect major updates regarding your facility. If the entity does not exist, please write N/A. If there are entities not listed who should be notified of large-scale communications regarding your facility, please include their information in the section entitled "Other".

Legislators:

Name	Title	Email	Phone Number

Citizen Advisory Board:

Name	Title	Email	Phone Number

City Manager/Designee:

Name	Title	Email	Phone Number

Local Hospital Director/Designee:

Name	Title	Email	Phone Number

Churches/Volunteer Groups:

Name	Title	Email	Phone Number

PPWP Participants:

Name	Title	Email	Phone Number

Other Nearby State Agencies:

Name	Title	Email	Phone Number

Major Vendors:

Name	Title	Email	Phone Number

Program Leaders:

Name	Title	Email	Phone Number

Other:

Name	Title	Email	Phone Number

Submitted to the chief administrator of Communications and Government Relations office
by:

Name: _____

Date: _____