



San Luis Obispo County Public Health Emergency Preparedness Program Partner Information Form

Instructions: Fill out this form and either email (Submit by Email)
Or print (Print Form) and fax to 805-788-2715 Attention Denise Yi
For more information phone: 805-788-2067 or email: dyi@co.slo.ca.us

ORGANIZATION

Organization's Name <input style="width: 95%;" type="text"/>			
Mailing Address <input style="width: 95%;" type="text"/>			
City <input style="width: 30%;" type="text"/>	State <input style="width: 10%;" type="text"/>	Zip Code <input style="width: 20%;" type="text"/>	
Main Phone <input style="width: 15%;" type="text"/>	Main Fax <input style="width: 15%;" type="text"/>	Website <input style="width: 50%;" type="text"/>	
Type of Organization (check ALL that apply)			
<input type="checkbox"/> Hospital	<input type="checkbox"/> Home Health Agency	<input type="checkbox"/> Clinic/Primary Care	<input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Outpatient Surgery Center	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Dialysis Center	<input type="checkbox"/> Residential Care Facility
		<input type="checkbox"/> Urgent Care	<input type="checkbox"/> Skilled Nursing Facility
Other <input style="width: 95%;" type="text"/>			

POINT OF CONTACTS (POC)

POC #1 Name <input style="width: 30%;" type="text"/>	Position/Title <input style="width: 60%;" type="text"/>		
Email <input style="width: 35%;" type="text"/>	Phone <input style="width: 15%;" type="text"/>	Extension <input style="width: 10%;" type="text"/>	
<input type="checkbox"/> Address is same as organization's above	Fax <input style="width: 15%;" type="text"/>		
Physical Address (if different than above) <input style="width: 95%;" type="text"/>			
City <input style="width: 20%;" type="text"/>	State <input style="width: 10%;" type="text"/>	Zip Code <input style="width: 10%;" type="text"/>	

POC #2 Name <input style="width: 30%;" type="text"/>	Position/Title <input style="width: 60%;" type="text"/>		
Email <input style="width: 35%;" type="text"/>	Phone <input style="width: 15%;" type="text"/>	Extension <input style="width: 10%;" type="text"/>	
<input type="checkbox"/> Address is same as organization's above	Fax <input style="width: 15%;" type="text"/>		
Physical Address (if different than above) <input style="width: 95%;" type="text"/>			
City <input style="width: 20%;" type="text"/>	State <input style="width: 10%;" type="text"/>	Zip Code <input style="width: 10%;" type="text"/>	

Additional Information