

CONTINUITY OF OPERATIONS PLAN

EMPLOYEE CONTACT INFORMATION DATA IN THE EVENT OF EVACUATION

In keeping with the Continuity of Operations Plan set up by our Court, please provide the following confidential information so that we may contact you in the event of an evacuation from the area. *Assume that cell phones within the area will most likely not work.*

Name: _____

Point of Contact Family Member/Friend (i.e., someone who would know where you can be reached):

Point of Contact telephone number:

Your out of area relocation address:

(i.e., with family or friend)

Next of Kin Notification: (Please state relationship to you)

Name

Street Address

City, State, Zip

Telephone number w/area code