Santa Rosa County
Local Mitigation Strategy
Member Information Form

Name: HAHN
LAST

DANIELZ
FIRST

Today’s Date:

Are you attending as a representative of
[ ] a business [ ] an organization [ ] government [ ] homeowners association
[ ] resident [ ] other SAFER SANTA ROSA

Contact Information
Business/Organization/Government/Homeowner’s Association (please print)
Business/Organization Name: SAFER SANTA ROSA
Address: 6071 Pine Forest Rd Milton
Phone: 3939811
Fax:
Email Address: HAHN@SANTA ROSA.K12.FL.Us
Alternate Contact: Alternate’s Email:

Resident/Individual/Other (please print)
Representative’s Name Email Address:
Address: Phone:
Fax:

Participation Questionnaire
What is your desired level of participation in the Local Mitigation Strategy Work Group? [ ] Active – Steering Committee [ ] Active – Working Committee [ ] Information Only

Do you possess any special skills that you feel would be an asset to the working group and which you would be willing to use as a participant in the working group?
[ ] Technical (special expertise in the area of engineering, mitigation methods, or other)
[ ] Public Information or other Organizational Coordination
[ ] Planning
[ ] Other

Form Approved 5/26/2011

For Use by LMS Task Force Support Staff

Signature of Task Force Chair (or designee) Date

[ ] Work Group Member [ ] Appointed Member of Steering Committee [ ] Information Only