Allamakee County Hazard Mitigation Plan
Hazard Mitigation Planning Committee

Planning Contact Information

Agency Name: _____

Your Name: _____ Job Title: _____

Preferred mailing address: _____

Preferred contact: Home Phone: _____ Work/Cell Phone: _____

Email address: _____

Planning Time Information

Which hours do you prefer for planning / meeting activities?

___ Weekday mornings ___ Weekday afternoons ___ Weekday evenings

If meeting weekday evenings, are there particular days of the week or month to avoid:

_____