



Member Agency Contact Form

Agency Information

Agency:	
Office Street Address:	
City/State/Zip Code:	
*County & IPWMAN Region:	
Mailing Address: (if different from above)	
Mailing City/State/Zip Code:	
Billing Email:	

*Click here for a map of IPWMAN Regions: www.ipwman.org/member-agencies

Agency Contacts

Please provide contact information for at least 2 people in your agency who should be notified of IPWMAN deployment notifications and pertinent information.

A cell phone provider is requested because text messaging is the primary means of notification of an IPWMAN resource request deployment.

Name:	
Title:	
Email Address:	
Office Phone Number:	
Cell Phone Number:	
Cell Phone Provider:	
Office Fax Number:	

PO Box 898 | St. Charles, IL 60174 | Office Phone – 844-IPWMAN-9

www.ipwman.org

Name:	
Title:	
Email Address	
Office Phone Number:	
Cell Phone Number:	
Cell Phone Provider:	
Office Fax Number:	

Name:	
Title:	
Email Address:	
Office Phone Number:	
Cell Phone Number:	
Cell Phone Provider:	
Office Fax Number:	

Name:	
Title:	
Email Address:	
Office Phone Number:	
Cell Phone Number:	
Cell Phone Provider:	
Office Fax Number:	