

**FORM C**

**CONTACT INFORMATION FOR AUTHORIZED REPRESENTATIVES**

New or Updated: \_\_\_\_\_

Type: County      Municipality      Independent      University      School      Community

Name: \_\_\_\_\_

Name of Government: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE CONTACT INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Day Phone: \_\_\_\_\_      Night Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*\*\*PLEASE UPDATE ANNUALLY OR AS ELECTIONS OR APPOINTMENTS OCCUR\*\***

**\*FDEM USE ONLY\***

Date Received: \_\_\_\_\_      Personnel Signature \_\_\_\_\_