



City of Vancouver Human Resources
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Personal Contact Information

NAME _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street or P.O. Box Number) (City) (State) (Zip Code)

ADDITIONAL ADDRESS _____
(Street or P.O. Box Number) (City) (State) (Zip Code)

PHONE NUMBER (_____) _____ MOBILE PHONE (_____) _____
(Area code and Number) (Area code and Number)

E-MAIL ADDRESS: _____

Person(s) to contact in case of emergency:

Name Relationship (_____) (area code and number)

Address City State Zip

Name Relationship (_____) (area code and number)

Address City State Zip

Signature _____ Date _____

If you have appointed an attorney-in-fact or granted power of attorney and have not furnished the Board with a copy of same, please do so as soon as possible. Please also provide their address and phone number