



**City of Vancouver Human Resources**  
**415 W 6th St – 3rd Floor/P.O. Box 1995**  
**Vancouver, WA 98668-1995**  
**P: 360.487.8403 F: 360.487.8418**  
**Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)**

## 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