

MAP YOUR NEIGHBORHOOD (MYN) RESOURCE REQUEST FORM

KIRKLAND OFFICE OF EMERGENCY MANAGEMENT
123 5TH AVE, KIRKLAND, WA 98033
P: (425) 587-3650



LEADER CONTACT INFORMATION (all fields required)

NAME:		
E-MAIL ADDRESS:		
MAILING ADDRESS:		
TELEPHONE:		
ATTENDED LEADER TRAINING:	DATE:	LOCATION:

LEADER NAME AND EMAIL ADDRESS MAY BE POSTED ON THE CITY WEBSITE AS PART OF THE MYN PROGRAM. IF YOU DO NOT WISH YOUR EMAIL TO BE POSTED PLEASE INITIAL HERE. _____

GENERAL INFORMATION (all fields required)

NAME OF NEIGHBORHOOD TO BE MAPPED		
HOUSE #'S AND/OR STREETS PARTICIPATING:		
MATERIALS NEEDED BY:		
QUANTITY NEEDED:		
DATE SCHEDULED FOR YOUR MAPPING EVENT:		
TIME ALLOTTED:		

The MYN Program was developed by the Washington State Military Department, Emergency Management Division, and is offered through Local emergency management offices. By signing this document, you agree that all information gathered as a result of the mapping, shall be used exclusively for the MYN Program.

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RETURN THIS FORM TO THE OFFICE OF EMERGENCY MANAGEMENT

OFFICIAL USE ONLY

MATERIALS P/U:	FACILITATORS NAME:	INFORMATION GIVEN TO OEM:	
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