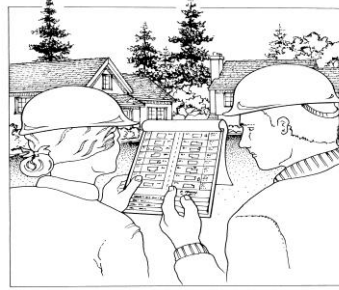


MAP YOUR NEIGHBORHOOD (MYN) RESOURCE REQUEST FORM

KIRKLAND OFFICE OF EMERGENCY MANAGEMENT
123 5TH AVE, KIRKLAND, WA 98033
P: (425) 587-3650 F: (425) 587-3651



LEADER CONTACT INFORMATION (all fields required)

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

GENERAL INFORMATION (all fields required)

NEIGHBORHOOD TO BE MAPPED (INCLUDE HOUSE #'S):	
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.

X _____

RETURN THIS FORM TO
THE OFFICE OF EMERGENCY MANAGEMENT

OFFICIAL USE ONLY

MATERIALS P/U:	INFORMATION GIVEN TO GKCCC:
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