

**ISABELLA COUNTY EMERGENCY MANAGEMENT**  
**COMMUNITY RESOURCE WORKSHEET**  
**Emergency Medical Services**

**Department Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
  
24/7 Non-Emergency Contact Number: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_  
  
Phone: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home: \_\_\_\_\_  
  
Email: \_\_\_\_\_ @ \_\_\_\_\_

**Second Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_  
  
Phone: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home: \_\_\_\_\_  
  
Email: \_\_\_\_\_ @ \_\_\_\_\_

**Third Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_  
  
Phone: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Home: \_\_\_\_\_  
  
Email: \_\_\_\_\_ @ \_\_\_\_\_

**Primary Dispatch - Communications Center Utilized**

Dispatch Center: Name: \_\_\_\_\_  
Phone: \_\_\_\_\_