

Name of School District:

Name of School Insurer if any:

List School Names in District:

Liaison #1 - School Resource Officer/Principal/Risk Manager (List One)

Name:		Phone Number:	
(Secured) Fax #:	Pager Number:	Cell Phone Number:*	
Address:	City:	State:	Zip:

Liaison #2 - Local Law Enforcement

Name:		Phone Number:	
(Secured) Fax #:	Pager Number:	Cell Phone Number:*	
Address:	City:	State:	Zip:

Liaison #3 - Additional Law Enforcement (If Desired)

Name:		Phone Number:	
(Secured) Fax #:	Pager Number:	Cell Phone Number:*	
Address:	City:	State:	Zip:

** Used only in an emergency when tip comes in after normal school hours or on weekends.*

Please call Sue Mandell at (909) 987-5005 Ext. 250 with any questions!