



**LEOFF-1 Disability Board
Member Contact Information Form**

LEOFF-1 Disability Board Member Contact Information			
Full Name: _____			
Last Name	First Name	M.I.	
Address: _____			
Street Address		Apartment/Unit #	

City	State	Zip Code	
Cell Phone Number: _____			
Alternative Phone Number: _____			
E-Mail Address: _____			
Member Signature: _____		Date: _____	

Please submit the completed form to the LEOFF-1 Disability Board Secretary either by e-mail or mail.

LEOFF1@lynnwoodwa.gov

or

City of Lynnwood

Attn: LEOFF-1 Disability Board

19100 44th Ave W

Lynnwood, WA 98036