

Enclosure 2

**ROSTER CHANGE FORM**  
**COUNTY MENTAL HEALTH DISASTER COORDINATOR**

Please email this document ([gladys.mitchell@dmh.ca.gov](mailto:gladys.mitchell@dmh.ca.gov)) with corrections or fax (916 - 653-8752) to Gladys.

**DIRECTIONS: LEFT CLICK WITH MOUSE ON GRAY BOX AND BEGIN TYPING**

Department Name:

**PRIMARY Disaster Coordinator**

Name:

Title:

Address (street, PO Box, city, zip):

Direct desk phone no:

Phone extension, if applicable:

Fax number:

Pager number if applicable:

Cell number:

Home number (not shared publicly – last resort if all other numbers aren't answered during a disaster):

Email address:

**ALTERNATE Disaster Coordinator**

Name:

Title:

Address (street, PO Box, city, zip):

Direct line work phone no:

Extension if applicable:

Fax number:

Pager number if applicable:

Cell number:

Home number (not shared publicly – last resort if all other numbers aren't answered during a disaster):

Email address: