



**Jackson County Health Department**  
Community Partner Survey

Name of Agency/ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Contact Information:**

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Can we send you a text?      Yes / No      Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

Office number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_

What resources can you offer in emergency situation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What service(s) can you assist the health Department and Emergency Management Agency when responding to the incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What supplies and equipment can you help provide to the health department and Emergency Management Agency when responding to an incident? \_\_\_\_\_

\_\_\_\_\_

Please return to the Jackson County Health Department

200 East Main St. Jackson, Ohio 45640

Fax: 740-286-8809 Email: [tbarr@jchd.us](mailto:tbarr@jchd.us)