





Laramie County Community Emergency Response Team (CERT) Contact Information Form

| First Name: | | Age: | |
|--|-----------------|------|-----|
| Last Name: | | | |
| Parent/Guardian (if under 18 years old) | | | |
| Address: | | | |
| City: | | | |
| Email: | | | |
| Cell Phone: | | | |
| Why are you interested in CERT? | | | |
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| Do you have any specific questions for a | our CERT group? | □Yes | □No |
| If so, please include your question(s): | | | |
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