

COOP Contact Information Form

(Information is gathered as part of emergency response for continuity of operations planning as authorized by Section 252.365, Fla. Stat., and not otherwise subject to public disclosure.)

Election _____ **Date of Election** _____

_____ **County**

Supervisor of Elections (SOE):

Name	Office phone	Cell phone

Election Day SOE staff contacts (person who will be available to accept Division of Elections' (DOE) call):

Name	Office Phone	Cell Phone

Election Night Reporting SOE staff contact (person who will be available to accept Division of Elections' (DOE) call):

Name	Office Phone	Cell Phone

Canvassing Board Members and Alternates:

Name	Title	Office phone	Cell phone
Alt:			
Alt:			

Attorney for Supervisor: **County Attorney** or **Private Attorney**

Name	Office Phone	Cell Phone

County Manager:

Name	Office Phone	Cell Phone

SOE's Hotline/Phone Bank Telephone Number: _____

Florida Department of State ("DOS") Election Day staff contact (name, phone, and email):

Florida Department of State Election Night ("Enight") Staff Contact (name, phone and email):