

**City of Duluth**  
**CONTACT INFORMATION**

*Completion of this part of the form is requested. It is kept in your main personnel file at City Hall.  
You are responsible to update this file whenever information changes.*

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Date: \_\_\_\_\_

If Police, Badge Number: \_\_\_\_\_

Employee: (Last, First Middle) \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Mailing Address:  Same \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Other Phone #: \_\_\_\_\_

<u>Emergency Contact Names</u>	<u>Relationship</u>	<u>Address</u>	<u>Home Phone</u>	<u>Cell Phone</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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