

Mailing List Form

Milwaukee County Long-Term Care Planning

Date: _____

Prefix : _____

First : _____ MI: _____

Last : _____ Suffix: _____

Position / Title: _____

Organization : _____

Preferred Contact:

Organization : _____

Street Address: _____

City, State, ZIP Code: _____

Phone : _____ Extension: _____

E-mail : _____

Disability-Related Affiliation(s):

Preferred Contact

US Mail

Email

You can share my contact information with members of the Advisory Council

Yes

No

Please fill out this form and return it to Marietta Luster
Mailing address: Milwaukee County Department of Health and Human
Services, Disabilities Services Division,
1220 W. Vliet Street, Room 300P, Milwaukee WI 53205