Contact Information Template for Maintaining Essential Service/Activity: Critical Partners

|  |  |
| --- | --- |
| **Product/Service:** | |
| **Supplier Name:** | |
| **Street Address:** | |
| **City/ Province/Postal Code:** | |
| **Contact Person: Alternate Contact:** | **Phone No.: 24-hour No.: Fax No.: Other No.:**  **Email:** |
| **Comments:** | |

|  |  |
| --- | --- |
| **Product/Service:** | |
| **Vendor Name:** | |
| **Street Address:** | |
| **City/ Province/Postal Code:** | |
| **Contact Person: Alternate Contact:** | **Phone No.: 24-hour No.: Fax No.: Other No.:**  **Email:** |
| **Comments:** | |

|  |  |
| --- | --- |
| **Product/Service:** | |
| **Vendor Name:** | |
| **Street Address:** | |
| **City/ Province/Postal Code:** | |
| **Contact Person: Alternate Contact:** | **Phone No.: 24-hour No.: Fax No.: Other No.:**  **Email:** |
| **Comments:** | |