

IOWA CIVIL RIGHTS COMMISSION

Contact Information

*Note: This information will NOT be given out to anybody.
It is for ICRC use only.*

Your Name: _____

Your Social Security Number: _____ (voluntary)

Your Telephone #: (home) _____

(work) _____

(cell) _____

Your E-mail: _____ Your FAX: _____

Your Contact Person

Please provide the name and telephone number of a relative or friend who will always know where you can be reached. Your "Contact Person" should be someone who does not live with you.

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Telephone #: (home) _____

(work) _____

(cell) _____

e-mail: _____