

13384

Name of Operator Karen Ellis Date: 3/11/02 Time: 12:20

Category: (circle one)

Environment

Cleaning

Health

Specific Contaminant

School

Other

Question:

Address needed - Students of Culverdale Elementary School (Principal - Tom Perry) have written letters to Police and Firefighters - currently displayed on a banner - Where can they send it?

Answer:

Mail to: ^{NYC} 1501 Office of Emergency Mgmt
1501 Broadway - 8th Fl
New York, NY - 10036

Comments:

FAKED Address to Parent - unable to fax - Transmission Error
Left message via phone - 3/11/02

Caller Information:

First Name: PII

Address 1: PII Apt PII

Address 2: PII

City: PII

Phone #1: PII
949-936-5009 (FAX) - Attn - PTA - "Melly"

Follow up:

Referral/Follow-Up Needed? (circle one) YES NO

Referral Agency/Organization: PII

emf
in #1
don't go thru

FAX COVER SHEET

From: LOWER MANHATTAN
AIR QUALITY HOTLINE
212-221-8635

To: PTA- PII
Fax Number: 949-936-5009

1 Pages (including cover sheet)

3/12/02
Note: unable to
successfully fax
info; contacted
by telephone (Dia
at PII
and address (com
provided.
D.M. Drew

Comments: Please send Banner To:

NYC - Office of Emergency Management
1501 Broadway - 8th Fl
New York, NY 10036

Thank you!!

Fax:2127045142

**** Transmit Conf. Report ****

P.1

Mar 11 2002 15:53

T.1.1	Check condition of remote fax.	919499365009
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*error
with #s
delivered thru*

FAX COVER SHEET

**From: LOWER MANHATTAN
AIR QUALITY HOTLINE
212-221-8635**

To: PTA- PII

Fax Number: 949-936-5009

2 Pages (including cover sheet)

Comments: Please send Banner To:
NYC - Office of Emergency Management
1501 Broadway - 8th Fl
New York, NY 10036

Name of Operator _____ Date: _____ Time: _____

Category: (circle one)

Environment

Cleaning

Health

Specific Contaminant

School

Other _____

Question:

Answer:

Comments:

Caller Information:

First Name: _____ Last Name: _____

Address 1: _____ Apt _____

Address 2: _____

City _____ State: _____ Zip: _____

Phone #1 (____) _____ Phone #2 (____) _____

Follow up:

Referral/Follow-Up Needed? (circle one) YES NO

Referral Agency/Organization: _____

Diane

PII

PII

949.936.5009 fax