



Personnel Update Request

Agency Name: _____

New Member

Modify Existing Member

Delete Existing Member

Radio number: _____

Rank/Title: _____

Last name: _____

First name: _____

Date of Birth: _____

Social Security Number: _____

Physical Address: _____

Home Phone number: _____

Cell Phone number: _____

E-mail address: _____

Emergency contact name: _____

Emergency contact home number: _____

Emergency contact cell phone number: _____

Known medical problems: _____

Police Chief Signature: _____ Date: _____

-- CASS COUNTY SHERIFF'S OFFICE USE ONLY --

Date
Received: _____ DSN: _____

Date
Entered: _____ DSN: _____