SUPPORTING THE NATION'S FIRE SERVICE SURVIVORS SURVIVORS CALL LA.S.T. FIRST

National Fallen Firefighters Foundation

Local Assistance State Team Program 2130 Priest Bridge Drive, Suite 6 Crofton, MD 21114 (410) 721-8845 (business) (410) 721-6213 (fax) (866) 736-5868 (LODD Hotline) www.firehero.org

Point of Contact Listing

In the claim o	of,	the individuals listed below should be
considered po	oints of contact regarding the claim. Plea	ase indicate which individual should be
utilized as the	e primary** point of contact: Family	☐ Department ☐ LAST ☐ NFFF
	primary point of contact will be the first and only outreach attempts to that person are unsuccess	
Family:	Primary Contact's Printed Name	Phone Number
(5)	E-mail Address	
Department:	Department Contact's Printed Name	Phone Number
I ACT To amo	E-mail Address	
LAST Team:	State Coordinator's Printed Name	Phone Number
NFFF:	E-mail Address	
Will.	National Coordinator's Printed Name	Phone Number
	E-mail Address	

Mail to: Public Safety Officers' Benefits (PSOB) Office Bureau of Justice Assistance 810 7th Street, NW Washington, DC 20531

