

# Municipal Contact Information Request Form

Requests from NCLM member municipalities, NCLM affiliate members, state and federal agencies

Your name: \_\_\_\_\_ Title \_\_\_\_\_

Municipality/Affiliate or State/Federal Department or Agency \_\_\_\_\_

Your email address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_  
ADDRESS/CITY/STATE/ZIP

## Section 1. Standard Lists

### Staff

Key Administrative Officer (manager, administrator or clerk for each municipality)

Key Staff ( manager, administrator, clerk, finance director, public works director, public utilities director, police chief, fire chief, IT director and purchasing agent for each municipality)

Please note that many municipalities will not have all these positions.

**For each staff person, the following information will be provided if available:** name, title, municipality, mailing address, phone, email, population of municipality.

**If you want only one or two of these positions, see Section 2 on the next page.**

### Elected Officials

Mayors

All elected officials (mayor and board members) more than 3,000

For each elected official, the following information will be provided if available: name, title, municipality, mailing address, phone, and population of municipality.

### Format

This information will only be sent in electronic format. The file will be sent in Excel unless otherwise requested.

The municipal contact information you request will be emailed to you  
Please indicate email address where this information should be sent:

\_\_\_\_\_

Continued on page 2.

## Section 2. Special Requests

You may request contact information for the following municipal positions.  
Please note that not every town or city has individuals in each of these positions.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrator       | <input type="checkbox"/> Director of Public Utilities | <input type="checkbox"/> Planning Director         |
| <input type="checkbox"/> Attorney            | <input type="checkbox"/> Director of Public Works     | <input type="checkbox"/> Purchasing Agent          |
| <input type="checkbox"/> Budget Director     | <input type="checkbox"/> Fire Chief                   | <input type="checkbox"/> Recreation/Parks Director |
| <input type="checkbox"/> Chief Inspector     | <input type="checkbox"/> IT Director                  | <input type="checkbox"/> Tax Supervisor/Collector  |
| <input type="checkbox"/> Chief of Police     | <input type="checkbox"/> Manager                      |  |
| <input type="checkbox"/> Clerk               | <input type="checkbox"/> Personnel/Human Resources    |  |
| <input type="checkbox"/> Director of Finance | Director  |  |

For each person, the following information will be provided if available:  
name, title, municipality, mailing address, phone, email, population of municipality.

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## Section 3. Statement of Use

Contact information will not be furnished until the statement below is signed and returned.

Municipality/Affiliate organization or State/Federal Agency \_\_\_\_\_

(Referred to below as "Requesting Entity")

Contact name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Statement of Use (Must be signed. Must also complete order form)

The undersigned certifies that the information requested above by the Requesting Entity will be used only for the official business of the Requesting Entity for purposes deemed appropriate by that Entity and will not be re-distributed to any other municipality, organization, individual, entity or business without the written consent of the N.C. League of Municipalities.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

The League provides this contact information to member municipalities, NCLM affiliate organizations, and to state and federal agencies at no charge. Contact information is available for purchase by businesses and individuals. Under the state ethics laws, as a lobbyist principal, the League may only provide the contact information to state agencies free of charge when it is provided directly to them for purposes deemed appropriate by those agencies. In order to document compliance with state ethics laws, the above Statement of Use must be signed by an authorized representative of the Requesting Entity.

Forms should be emailed to [wveasey@nclm.org](mailto:wveasey@nclm.org) or mailed to:

NCLM Mailing List Sales  
215 N. Dawson Street, Raleigh, NC 27603

Processed by: _____	Date: _____
Emailed/Mailed: _____	