



COLUMBIA COUNTY

Emergency Management Office

Interim Director Todd A. End
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711 E. Cook Street
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REQUEST FOR ACTIVE THREAT PREPARDNESS TRAINING

Date: _____

Requester's Name & Title: _____

Contact Number: _____

E-Mail Address: _____

Business or Organization: _____

Address of Business or Organization: _____

Within Columbia County? _____

Date(s) on which you would like the training? _____

Expected number of attendees: _____

Time allotted for the training: _____

Do you have a venue where the training can take place? _____

What type of audio-visual equipment is available at the venue? _____

Any additional notes or specific requests: _____

Please E-Mail the completed forms to: todd.endl@columbiacountywi.gov

Questions can be directed to Interim Director of Emergency Management Todd A. Endl @
608-742-4166 Ext. 1309.