

MO CIT COUNCIL CONTACT FORM

Name of CIT Council:	Expansion Council Established Council		
Does Your Council have a Facebook Page? YES NO			
County/Counties Repres	sented:		
Chair's Information			
Phone Number:Email Address:			
Co-Chair's Information			
Phone Number:Email Address:			
Secretary's Information			
Phone Number:Email Address:			
	Training Committee Chair's Information		
Phone Number: Email Address:			
	Course Registration Contact's Information		
Phone Number:			



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Community Mental Health Liaison (CMHL) Contact

Name:		
Phone Number:		
Email Address:		
Replacing:		
CIT N	Meetings/Activities Schedu	les:
How often does your council me	eet (monthly, quarterly, etc.)?	
Council meeting location(s):		
Council meeting date(s):		
Please list all Law Enforcement	Agencies by jurisdiction that are members ff's department, Columbia PD, Fulton PD, I	of your council by Jurisdiction
-	er Agencies that are members of your coull Il Health, Compass Health, ReDiscover, Tru	
	FOR INTERNAL USE ONLY	
	Council Chair Spreadsheet	
	Co-Chair Spreadsheet Training Chair Spreadsheet	
	Email Distribution Listserv(s)	
	State-wide Training Schedule (Training Chairs Section)Website: www.missouricit.org	
	Working Committee SS/Map	
	✓ Change(s) Made (Place a check mark next to each one):	