

(continued)

	FIRST NAME	M.I.	LAST NAME	SUFFIX	SEX	RACE	HISP	ANNUAL SALARY
FIRE CHIEF								ANNUAL FULL-TIME \$ \$
DIRECTOR OF ECONOMIC DEVELOPMENT								ANNUAL FULL-TIME \$ \$
DIRECTOR OF PLANNING								ANNUAL FULL-TIME \$ \$
PERSONNEL DIRECTOR								ANNUAL FULL-TIME \$ \$
RISK MANAGER								ANNUAL FULL-TIME \$ \$
DIRECTOR OF PARKS & RECREATION								ANNUAL FULL-TIME \$ \$
SUPERINTENDENT OF PARKS								ANNUAL FULL-TIME \$ \$
DIRECTOR OF RECREATION								ANNUAL FULL-TIME \$ \$
CHIEF LIBRARIAN								ANNUAL FULL-TIME \$ \$
DIRECTOR OF INFORMATION SERVICES								ANNUAL FULL-TIME \$ \$
PURCHASING DIRECTOR								ANNUAL FULL-TIME \$ \$
GIS DIRECTOR								ANNUAL FULL-TIME \$ \$
DIRECTOR, ADMINISTRATIVE SERVICES								ANNUAL FULL-TIME \$ \$

Name of individual completing survey: _____ Phone number: _____

Email address _____

PLEASE RETURN TO: Sebia Clark, Program Analyst, ICMA, 777 N. Capitol Street, NE, #500, Washington, DC 20002-4201