

Iowa Emergency Response Commission

# NOMINATION

## Local/Regional Emergency Planning Committee Membership

Name of County/Region: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/PO Box)

(City)

(ZIP)

Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please check the group you represent: (check more than one if necessary)*

\_\_\_\_\_ Elected State or Local Official (EO)

\_\_\_\_\_ Law Enforcement Personnel (LEP)

\_\_\_\_\_ Emergency Management Personnel (EMP)

\_\_\_\_\_ Fire Fighting Personnel (FFP)

\_\_\_\_\_ First Aid Personnel (FAP)

\_\_\_\_\_ Health Personnel (HP)

\_\_\_\_\_ Local Environmental Personnel (EP)

\_\_\_\_\_ Hospital Personnel (HSP)

\_\_\_\_\_ Transportation Personnel (TP)

\_\_\_\_\_ Broadcast or Print Media (BPM)

\_\_\_\_\_ Community Group (CG) \_\_\_\_\_

\_\_\_\_\_ Owner/Operator of Facility

Subject to Section 302(c) (OOF)

\_\_\_\_\_ Other (OTH) \_\_\_\_\_

\_\_\_\_\_ **Nomination**

\_\_\_\_\_ **Reappointment for \_\_\_\_\_ years**

\_\_\_\_\_ **Elected Chairman**

\_\_\_\_\_ **Resignation**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\* Please fax completed form to the Jasper County EMA office at (641) 791-4022 \*\*\*\*\*