

Iowa Emergency Response Commission

Nomination/Resignation

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)

- | | |
|--|---|
| <input type="checkbox"/> Elected State or Local Official | <input type="checkbox"/> Hospital Personnel |
| <input type="checkbox"/> Law Enforcement Personnel | <input type="checkbox"/> Emergency Management Personnel |
| <input type="checkbox"/> Fire Fighting Personnel | <input type="checkbox"/> Transportation Personnel |
| <input type="checkbox"/> First Aid Personnel | <input type="checkbox"/> Broadcast or Print Media |
| <input type="checkbox"/> Health Personnel | <input type="checkbox"/> Community Group |
| <input type="checkbox"/> Local Environmental Personnel | <input type="checkbox"/> Owner/Operator of Facility Subject to Section 302(c) |
| <input type="checkbox"/> Other | |

NOMINATION selection:

- Member Chair Vice-Chair

REAPPOINTMENT for Years

Elected

- Chair Vice-Chair

RESIGNATION:

- Member Chair Vice-Chair

Signature

Date