

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)

- | | |
|--|---|
| _____ Elected State or Local Official (EO) | _____ Local Environmental Personnel (EP) |
| _____ Law Enforcement Personnel (LEP) | _____ Hospital Personnel (HSP) |
| _____ Emergency Management Personnel (EMP) | _____ Transportation Personnel (TP) |
| _____ Fire Fighting Personnel (FFP) | _____ Broadcast or Print Media (BPM) |
| _____ First Aid Personnel (FAP) | _____ Community Group (CG) _____ |
| _____ Health Personnel (HP) | _____ Owner/Operator of Facility
Subject to Section 302(c) (OOF) |
| _____ Other (OTH) _____ | |

Nomination

Reappointment for _____ years

Elected Chairman

Resignation

Signature date