



**Shoshone County  
Local Emergency Planning  
Committee  
(LEPC)**

LOCAL EMERGENCY PLANNING COMMITTEE APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Initial Last

ADDRESS: \_\_\_\_\_

HOME or CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CHECK THE BOX WHICH BEST DESCRIBES THE ORGANIZATION YOU ARE REPRESENTING:

- |  |   |
|--|---|
| <input type="checkbox"/> ELECTED or APPOINTED OFFICIAL | <input type="checkbox"/> LAW ENFORCEMENT            |
| <input type="checkbox"/> FIRE/EMS                      | <input type="checkbox"/> EMERGENCY MANAGEMENT       |
| <input type="checkbox"/> COMMUNITY GROUP               | <input type="checkbox"/> HEALTH/HOSPITAL            |
| <input type="checkbox"/> BUSINESS & INDUSTRY           | <input type="checkbox"/> LOCAL ENVIRONMENTAL AGENCY |
| <input type="checkbox"/> BROADCAST/MEDIA               | <input type="checkbox"/> TRANSPORTATION AGENCY      |
| <input type="checkbox"/> UTILITY COMPANY               | <input type="checkbox"/> EDUCATION                  |
| <input type="checkbox"/> TRIBE                         | <input type="checkbox"/> GOVERNMENT AGENCY          |
| <input type="checkbox"/> CONCERNED CITIZEN             | <input type="checkbox"/> OTHER _____                |

BRIEFLY DESCRIBE YOUR INTEREST IN BECOMING A MEMBER OF A LOCAL EMERGENCY PLANNING COMMITTEE (LEPC).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE SUBMIT APPLICATION AT THE NEXT REGULARLY-SCHEDULE LEPC MEETING OR SEND IT TO:**  
 SHOSHONE COUNTY OFFICE OF EMERGENCY MANAGEMENT  
 700 BANK ST., SUITE 25  
 WALLACE, ID 83873  
 PH: 208 752 8891  
 dmartinsen@co.shoshone.id.us