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:

[ ] ELECTED or APPOINTED OFFICIAL  [ ] LAW ENFORCEMENT
[ ] FIRE/EMS  [ ] EMERGENCY MANAGEMENT
[ ] COMMUNITY GROUP  [ ] HEALTH/HOSPITAL
[ ] BUSINESS & INDUSTRY  [ ] LOCAL ENVIRONMENTAL AGENCY
[ ] BROADCAST/MEDIA  [ ] TRANSPORTATION AGENCY
[ ] UTILITY COMPANY  [ ] EDUCATION
[ ] TRIBE  [ ] GOVERNMENT AGENCY
[ ] CONCERNED CITIZEN  [ ] OTHER__________________________

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

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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