



Midland County

Local Emergency Planning Committee (LEPC) Membership Application

Please indicate only one category you are qualified to represent

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| <input type="checkbox"/> State and Local Officials | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Local Environmental Groups |
| <input type="checkbox"/> Firefighting / EMS | <input type="checkbox"/> Government Environmental Agencies |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Community Groups |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Facility subject to file Tier II Report |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> At-Large (not affiliated elsewhere) Residents, service businesses, etc. |
| <input type="checkbox"/> Broadcast/ Communications / Print Media | |

Applicant's Information

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| Applicant Name & Job Title: |
| Phone Number: |
| Email Address: |
| Alternate Representative & Job Title: (to serve as proxy if you are unable to attend) |
| Alternate's Phone Number: |
| Alternate's Email Address: |

Applicant's Employment Business / Organization / Facility

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| Facility / Organization Name: |
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Provide further information if you are employed with a Tier II facility

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| Number of Employees at Facility: |
| Physical Address: |
| Mailing Address: |
| 24-hour Facility Emergency Contact: |
| Facility Manager's Name: |
| Facility Manager's Email Address: |

If selected as a member, you will be required to serve on one of the following committees.
(Please designate your preference in numerical sequence.)

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| By-Laws & Administrative Subcommittee |
| Compliance Subcommittee |
| Training & Exercise Subcommittee |

