EMERGENCY MANAGEMENT COORDINATOR INFORMATION

Use this form to notify district and state offices of changes in Coordinator, Deputy Coordinator, address, telephone number, etc. Send completed form to Michigan Department of State Police, Emergency Management District Coordinator.

District Number: Date:

I. Jurisdiction

1. County/Municipality		2. Email Address	
3. Program Title		4. Phone Number of Local Emergency Operations Center (EOC)	
5. Office Address (Number and Street)			
6. City		7. State	8. Zip Code
9. Office Telephone Number (Include Area Code)		10. Fax Number (Include Area Code)	
11. Federal I.D. Number	12. Originating Agency ID (ORI)	13. Jurisdiction Chief Executive	

II. Coordinator

1. Name (Last, First)	2. Title
3. Email Address	4. Daytime Telephone (Include Area Code)
5. Residence Telephone (Include Area Code)	6. Cellular Telephone (Include Area Code)
7. Pager Number and Paging Procedures	

III. Deputy Coordinator

1. Name (Last, First)	2. Title
3. Email Address	4. Daytime Telephone (Include Area Code)
5. Residence Telephone (Include Area Code)	6. Cellular Telephone (Include Area Code)
7. Pager Number and Paging Procedures	

IV. Remarks

CERTIFICATION OF APPOINTMENT OF LOCAL EMERGENCY MANAGEMENT COORDINATOR

_____
City or County

Pursuant to the authority of Public Act 390 of 1976, as amended, _____
Name of Coordinator

has been appointed the Emergency Management Coordinator for

_____ on _____
City or County Date

I _____ certify this appointment.
Name/Title

_____ _____
Signature Date

This form is to be certified ONLY by an appropriate local official such as a City or County Clerk, Mayor, or Chairperson of the Board.