

EMERGENCY MANAGEMENT COORDINATOR INFORMATION

AUTHORITY: MCL 30.407a, MCL 30.409 **COMPLIANCE:** Voluntary

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.

(HIGHLIGHT NEW INFORMATION)

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.**