|  |  |  |
| --- | --- | --- |
| **Justin S. Greene**  *Commissioner, District 1* | SFC | **Anna T. Hamilton**  *Commissioner, District 4* |
| **Anna Hansen**  *Commissioner, District 2* | **Hank Hughes**  *Commissioner, District 5* |
| **Camilla Bustamante**  *Commissioner, District 3* | **Greg Shaffer**  *County Manager* |
| **102 Grant Ave; Santa Fe, New Mexico 87501 Phone: 505-992-9880 Fax: 505-992-9895** | | |

Santa Fe County LEPC Membership Form

**INSTRUCTIONS:** Complete and submit the Santa Fe County LEPC ‘Initial Membership Form’ to the Santa Fe County Office of Emergency Management. Forms will then be forwarded the State Emergency Response Commission (SERC) for final approval. You may submit this form via mail/email to:

Local Emergency Planning Committee (LEPC)

c/o Santa Fe County Office of Emergency Management

102 Grant Ave.

Santa Fe, NM 87501

[Dcall@santafecountynm.gov](mailto:Dcall@santafecountynm.gov)

[Idominguez@santafecountynm.gov](mailto:Idominguez@santafecountynm.gov)

[Kelliott@santafecountynm.gov](mailto:Jsilva@santafecountynm.gov)

**LEPC Membership Categories**

(In accordance with Public Law 99-499, Section 301(c))

**Note:** A single person may represent more than one category and more than one member may represent a category.

State/Local Official Health Local Environmental Group(s)

Law Enforcement Hospital Community Group(s)

Firefighting Broadcast/Print Media Facility Owners/Operators

First Aid Transportation Personnel Emergency Medical Service

Civil Defense Information Coordinator

**\*\**ADVISORY NOTICE:*** *This information may be made available to the public under the New Mexico Open Records Act. The Inspection of Public Records Act (IPRA), NMSA 1978, §14-2-1 to – 12*

***DO NOT*** *include home addresses or telephone number(s).*

**INITIAL MEMBERSHIP FORM**

|  |  |
| --- | --- |
| Name: | Title: |
| Employer: | Telephone Number: |
| Employer Address: | City, State, Zip: |
| Email: | |
| Agency Type: Government (Federal/State/Local) Private Sector  Non-Profit Organization Other:\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is this person a NEW MEMBER on your LEPC?  YES NO | Did this person replace a previous member? If so, WHO?  YES,­­­ No |
| **Membership Category** (see above): | |
| Brief Description of Agency’s Role In Emergency Planning/Response:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Specialized Expertise/Resources (if any):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Availability for Meetings: Morning Afternoon Evening Flexible | |
| Any additional information or special considerations:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Authorization and Consent  By signing this form, I confirm that the information is accurate and that I have the authority to represent my agency in the LEPC. I understand that my participation will involve collaboration with other agencies and community members to enhance local emergency preparedness and response  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |