Local Emergency Planning Committee
Membership Update Form

State Emergency Response Commission
c/o TDEM U]^¦æä}•ÅÙ^&ä}
Post Office Box 15467
Austin, TX 78761
(512) 424-ÐÐ^ä
E-Mail: soc2@dps.texas.gov

BOX A

Box A must be filled in and signed by the County >i X[Y´cf´Ub´Uddc]b´YX´9A´7´before returning form(s) to the SERC)

Legal Name of LEPC:

County/Counties:	Is this your entire LEPC membership listing? ☐ Yes ☐ No
County Judge's First Name:	Last Name:

County Judge's Approval *(signature required)*: | Date:

LEPC Membership Categories

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

Note: Information may be released to the public under the Texas Open Records Act. Use your work address and phone number.

Community Group	CG	Health	HE	Information Coordinator	IC
Emergency Management	EM	Hospital	HO	Print/Broadcast Media	PBM
Emergency Medical Service	EMS	Law Enforcement	LE	State/Local Official	SLO
Facility Owners/Operators	FO	Local Environmental Group	LEG	Transportation Personnel	TP
Firefighters	FF	Health	HE	Other	OTH

Box 1: Chairperson Update Information

Salutation:	First Name:	Last Name:

Job Title:	Contact Phone:
Contact Email:	Fax Number:

Organization/Agency:	LEPC Membership Category: **CP**

Address:

City:	State: **TX**	Zip Code:

Box 2: Vice Chairperson Update Information

Salutation:	First Name:	Last Name:

Job Title:	Contact Phone:
Contact Email:	Fax Number:

Organization/Agency:	LEPC Membership Category: **CV**

Address:

City:	State: **TX**	Zip Code:

Please provide a point-of-contact in the event there are questions about the information contained on these forms. Thank you.

Contact Name:	Email:	Phone:

LEPC Member Updates

Reproduce this page if necessary.
Box A and Box 1 on first page <u>must be completed</u> when submitting member updates.

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name:

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name:

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name:

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name:

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name:

Salutation: First Name: Last Name:

Job Title: Contact Phone:

Contact Email: Is this person a new member?   ☐ Yes   ☐ No

Organization/Agency: LEPC Membership Category:

Did this person replace a previous member? ☐ Yes ☐ No   Previous member's name: