

EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR NOTIFICATION

Section 418.101 of the Texas Government Code states: “*The presiding officer of the governing body of each political subdivision will notify the Division of Emergency Management of the manner in which the political subdivision is providing or securing an emergency management program, identify the person who heads the agency responsible for the program, and furnish additional pertinent information.*” This form is used to make the required notification to TDEM.

The information on this form may be released to those inquiring about local emergency management programs pursuant to the Texas Open Records Act. Hence, TDEM recommends that you provide business addresses and telephone numbers rather than home addresses and telephone numbers.

COUNTY:		<i>(Required)</i>
Jurisdiction:		<i>(City or County Name)</i>
Official’s Title:		<i>(Mayor/Judge)</i>
Name:		<i>(First & Last Name)</i>
Mailing Address:		<i>(The best address to receive mail)</i>
City, State, Zip:		
Office Number:		
Cell Number:		
Fax Number:		
E-mail:		<i>(Please include – this is a back up for mailing)</i>

EMERGENCY MANAGEMENT PROGRAM APPOINTMENT STATUS

- I HAVE NOT appointed an Emergency Management Coordinator and will personally direct the local emergency management program.
- I HAVE appointed/re-appointed the Emergency Management Coordinator identified below to conduct the emergency management program for this jurisdiction. **The effective date of the appointment is:** _____
- We share our EMC with _____ *(name of jurisdiction)*.

If the COUNTY Emergency Management Coordinator has been appointed to other jurisdictions within the county, the County Judge and the participating City Mayors must sign this form. (See second page for additional signature blocks.)

EMERGENCY MANAGEMENT COORDINATOR

	Coordinator	Asst Coordinator
Name:		
Mailing Address:		
City, State, Zip:		
Office Phone:		
Cell Number:		
Fax Number:		
E-mail Address:		
Emergency Operations Center Number:		

Judge’s or Mayor’s Signature

Date

PLEASE RETURN TO:

Texas Division of Emergency Management
 Operations Section
 PO Box 4087
 Austin, TX 78773-0220

Phone: (512) 424-2208 Email: soc@dps.texas.gov

FOR SHARED EMC USE ONLY

By signing this form, you agree the appointed Emergency Management Coordinator (EMC) listed on the first page is also your EMC. If you have a separate EMC, you must submit the first page for your jurisdiction.

	Mayor
City:	
Name:	
Mailing Address:	
City, State, Zip	
Office Phone:	
Cell Phone:	
Fax Number:	
E-mail Address:	
Signature:	

	Mayor
City:	
Name:	
Mailing Address:	
City, State, Zip	
Office Phone:	
Cell Phone:	
Fax Number:	
E-mail Address:	
Signature:	

	Mayor
City:	
Name:	
Mailing Address:	
City, State, Zip	
Office Phone:	
Cell Phone:	
Fax Number:	
E-mail Address:	
Signature:	