

Regional Emergency Management Committee Appointment Form

The municipality of _____ appoints the following Emergency Management Director (or designee*) and Emergency Services Representative to the _____ County Regional Emergency Management Committee for a one-year term. Appointments made following Town meeting of each year.

Name	Phone	Email	Check if designated as a Proxy Voter*
Emergency Management Director/Designee:			<input type="checkbox"/>
			<input type="checkbox"/>
Emergency Services Representative:			<input type="checkbox"/>

Authorizing Official (i.e. Selectboard Chair, Trustee Chair, etc.)

Date

- The EMD/designee can give the Emergency Services representative their voting proxy for REMC voting issues OR the Emergency Services representative can give the EMD/designee on the REMC their voting proxy.