



INDIANA EMERGENCY RESPONSE COMMISSION

Local Emergency Planning Committee Membership Appointment Form

Date:

To:

Indiana Emergency Response Commission (IERC)
c/o Indiana Department of Homeland Security
302 W. Washington Street, Room E208
Indianapolis, IN 46204

Subject: Appointment of LEPC Member –

LEPC

Dear Members of the Indiana Emergency Response Commission,

In accordance with Indiana Code (IC) 13-25-2 and applicable regulations governing Local Emergency Planning Committees, the LEPC respectfully submits the following appointment for approval by the Indiana Emergency Response Commission (IERC).

APPOINTEE INFORMATION

- **Full Name:**
- **Title/Position:**
- **Organization/Agency:**
- **Mailing Address:**
- **Phone Number:**
- **Email Address:**



INDIANA EMERGENCY RESPONSE COMMISSION

REPRESENTATION CATEGORY

(Check or specify the appropriate category)

Elected Official
Law Enforcement
Emergency Management
Firefighting
Emergency Medical Services
Health
Local Environmental
Hospital
Transportation
Broadcast/Media
Community Group
Industry
Other:

TERM OF APPOINTMENT

Start Date:

End Date: *or* Serves at the pleasure of the appointing authority

LEPC CHAIRPERSON SIGNATURE

Please add this appointment to the official membership roster of the LEPC. Thank you for your consideration and continued support of our emergency planning efforts.

Sincerely,

Your Name:

Your Title:

Phone/Email: