

LOCAL EMERGENCY PLANNING COMMITTEE
INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC
(Please type or print legibly)

LEPC name: **SITKA LOCAL EMERGENCY PLANNING COMMITTEE**

Name _____ Daytime Phone _____

Address _____ Home Phone _____

Fax number _____ E-mail address _____

Where Employed? _____ Job Title: _____

LEPC category/seat that applicant seeks: _____

New applicant

Renewal

Regular member

Alternate Member

Qualifications for this category:

Organizations you belong to or participate in (that are pertinent to the application):

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC. For the Public At Large position, please state whether an applicant qualifies for any other category on the LEPC.)

I hereby certify that the above information is correct and that I have not misrepresented myself.

Date _____ Signature _____

The State of Alaska requires your signature.
Thus, it cannot be submitted by email, unless completed form is scanned into PDF.
Please submit by fax to 907- 747-7403
or by mail or in person to
Municipal Clerk
100 Lincoln St. Sitka, AK 99835