

**State of Alaska**  
**LOCAL EMERGENCY PLANNING COMMITTEE**  
INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC

LEPC name: Sitka Local Emergency Planning Committee

Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Residence address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Home Phone (optional): \_\_\_\_\_

Where employed: \_\_\_\_\_ Job title: \_\_\_\_\_

LEPC category/seat that applicant seeks: \_\_\_\_\_

*Categories: 1) Elected local officials, 2) Law Enforcement, Civil Defense, Fire Fighting, First Aid, Local Env't/Hospital, and Transportation Personnel, 3) Media/Broadcast, 4) Community Groups, 5) Owners/Operators of Facilities, 6) Members of the Public, 7) LEPC Information Coordinator/SERC liaison*

New applicant \_\_\_\_\_ Renewal \_\_\_\_\_ Regular member \_\_\_\_\_ Alternate member \_\_\_\_\_

Qualifications for this category: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizations in which applicant participates (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.

Please note: all information submitted will be made public and published online. Appointments are normally made during open session of an Assembly meeting, however, Assembly members may vote to discuss applicant(s) in closed executive session. In this case, do you wish to be present when your application is discussed? \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

→ To be considered, your application must be complete AND be accompanied by either a letter of interest or resume. Return to:

Melissa Henshaw, Deputy Clerk  
100 Lincoln Street  
Fax: 907-747-7403  
Email: clerk@cityofsitka.org