



# Regional Emergency Preparedness Advisory Committee (REPAC)

Alternate Nomination Form  
North Central Texas Council of Governments  
Department of Emergency Preparedness

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Name of Nominee: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name of Member: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Nominee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail/fax signed copy to:**  
Meredith Nurge—Emergency Preparedness Specialist  
[mnurge@nctcog.org](mailto:mnurge@nctcog.org)  
Fax: 817-608-237

By signing this form the member is ensuring that they have informed their proposed alternate of their duties and that they will keep them informed, throughout their tenure, regarding REPAC issues. The proposed alternate's signature ensures they are willing to accept these duties.