Regional Emergency Preparedness Advisory Committee (REPAC)

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

Name of Nominee: ____________________________________________

Title: ______________________________________________________

Organization: ______________________________________________

Mailing Address: ____________________________________________

City: __________________________ State: __________ Zip: __________

E-Mail: ____________________________________________________ Work Phone: __________________

Nominee Signature: ________________________________________ Date: ________________

Name of Member: __________________________________________

Title: _____________________________________________________

Organization: ______________________________________________

Mailing Address: ____________________________________________

City: __________________________ State: __________ Zip: __________

E-Mail: ____________________________________________________ Work Phone: __________________

Member Signature: ________________________________________ Date: ________________

Please e-mail/fax signed copy to:
Meredith Nurge—Emergency Preparedness Specialist
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.