



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: _____

Primary Alternate or Secondary: _____

Name of Member: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Work Phone: _____

Nominee Signature: _____ Date: _____

Member Signature: _____ Date: _____

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.

All Nomination Forms must be sent to the Emergency Preparedness Dept:

emerprep@nctcog.org
817-695-9235