

LEPC Membership Update Form

INSTRUCTIONS: When submitting this form to the Commission on Emergency Planning and Response (CEPR), *always* complete Box A. Complete Box 1 if you are submitting a change for the LEPC Chairperson or Box 2 if you are submitting a change for the Vice Chairperson, if you have one. Complete Box A and the next page(s) to add a new member or members or to update information for an existing member or members of your LEPC. Completed forms should be returned annually to:

CEPR Local Emergency Planning Committee
 c/o Kansas Division of Emergency Management
 ATTN: Technological Hazards Section
 2800 SW Topeka Blvd.
 Topeka, KS 66611-1220

BOX A (Mailing address to Submit Tier II forms)

County:	Date:
LEPC Mailing Address:	City: Zip:
LEPC Chairperson (print name):	
LEPC Approval (signature of Chairperson):	

LEPC Membership Categories

(In accordance with Public Law 99-499, Section 301(c))

Note: A single person may represent more than one category and more than one member may represent a category.

State/Local Official	Health	Local Environmental Group	Information Coordinator
Law Enforcement	Hospital	Community Group	
Firefighting	Broadcast Media	Facility Owners/Operators	
Emergency Management	Transportation	Emergency Medical Service	

****ADVISORY NOTICE:** This information may be made available to the public under the Kansas Open Records Act. **DO NOT** include home addresses or telephone number(s).

BOX 1: CHAIRPERSON UPDATE

Name:	Title:
Employer:	Address:
City, State, Zip:	Telephone Number:
Membership Category:	Fax Number
Email:	

BOX 2: VICE-CHAIRPERSON UPDATE (if applicable)

Name:	Title:
Employer:	Address:
City, State, Zip:	Telephone Number:
Membership Category:	Fax Number
Email:	

MEMBER UPDATES

Reproduce this page if there are more than six memberships to be updated.

Name:	Title:
Employer:	Telephone Number:
Email:	
Is this person a NEW MEMBER on your LEPC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did this person replace a previous member? If so, WHO? <input type="checkbox"/> YES, _____ <input type="checkbox"/> NO
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