



Lincoln County
OFFICE OF EMERGENCY MANAGEMENT
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STATE OF MAINE
LOCAL EMERGENCY PLANNING COMMITTEE
 INDIVIDUAL APPLICATION FORM FOR MEMBERSHIP ON LEPC

NAME OF LEPC: _____

Applicant name: _____

Mailing address: _____

Residence address: _____

Day phone: _____ Home Phone (optional): _____

Where employed: _____ Job title: _____

LEPC category/seat that applicant will fill: _____

Qualifications for this category: _____

(Please provide enough information to demonstrate an applicant's eligibility or suitability for a particular seat on the LEPC.)

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

 Signature

 Date

 Date approved by LEPC

 LEPC Chair or designee signature

 Date approved by SERC

 SERC Chairman signature