Request for APPOINTMENT OF MUNICIPAL EMERGENCY MANAGEMENT COORDINATOR

INSTRUCTIONS

1. You must request a Criminal Records Check for all who are recommended for appointment by completing a Pennsylvania State Police Form SP 4-164, "Request for Criminal Record Check". You must then attach the results to this form. Form SP 4-164 is available on the internet at http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&&PageID=458621&level=2&css=L2&mode=2or you may request a Criminal History Check Online utilizing the PATCH System.
2. Complete Part I (please type or print legibly).
3. Submit original to the COUNTY Emergency Management Coordinator.
4. Retain a copy for your files.

PART I

Municipality Information:

Municipality: _____

Municipal Office Address:

_____

_____

_____ **PA** _____
City State Zip

Municipal Telephone Number:
(____ **)** _____

Municipal Fax Number:
(____ **)** _____

Previous Municipal Coordinator:

_____

Appointment Date of Previous Coordinator:

_____

Recommended Appointee Information:

Full Name: _____

Appointee's Home Address:

_____

_____

_____ _____ _____
City State Zip

Appointee's Home Telephone Number:
(_____ **)** _____

Appointee's Email Address:

_____

Appointee's Date of Birth:

_____

Appointee's Social Security Number:
_____-_____-_____

The above recommendation is of record in the Minute Books of the Municipality and was made with due consideration of the qualifications of the above-recommended citizen and is subject to approval of the County, the Pennsylvania Emergency Management Agency, and the Governor of the Commonwealth of Pennsylvania.

_____ _____
Signature (Secretary/Manager) Title

_____ _____
Print Name Date

PART II *(to be completed by County Emergency Management Coordinator)*

_____ _____
Signature County

_____ _____
Print Name Date