

Statewide Emergency Communications Board Appointment to Select...

The following appointments have been made by the governing body of Appointing Entity Name to provide authorized representation to serve a term commencing Date on the _____ representing Appointing Entity Name:

Delegate:

Delegate Name _____

Title

Address

email _____

Email address

Phone

Alternate:

Alternate Name _____

Title

Address

email _____

Email address

Phone

I certify the appointments herein listed have been approved by the governing body of Appointing Entity Name, this _____ day of Month, Year.

Signed: _____

Title: _____

Printed Name: _____

Please submit completed form to SECB.DPS@state.mn.us