

Northeast Minnesota Emergency Communications Board

2021 **Regional Advisory Committee (RAC)** Appointment Form

The following appointments have been made by the governing body of _____
representing agency

_____ in accordance with the terms of the Joint Powers Agreement governing
choose one from drop down list
 the Northeast Minnesota Regional Advisory Committee to provide authorized representation to serve a
 term commencing _____ on the _____ Regional Advisory Committee
effective date

_____ a member of the Northeast Minnesota
representing agency _____
choose one from drop down list
 Regional Advisory Committee:

- Emergency Communications Board (ECB):** (1) Representative (1) Alternate
- Regional Advisory Committee (RAC):** (1) Representative (1) Alternate
- Users Committee:** (1-5) Representatives
- Owner & Operators Committee (O&O):** (1) Representative (1) Alternate

REPRESENTATIVE:

 Name

 Title

 Address

 City/State/Zip

 Email

 Phone

ALTERNATE:

 Name

 Title

 Address

 City/State/Zip

 Email

 Phone

I certify the appointments herein listed have been approved by the governing body/appointing authority of
 _____, a member of the Northeast Minnesota
representing agency _____
choose one from drop down list
 Regional Advisory Committee (RAC), this _____ day of _____, 2021.
date month

Signature: _____

Printed Name: _____

Title: _____

Email: _____