

Northeast Minnesota Emergency Communications Board

2021 *Radio Users (Users) Committee Appointment Form*

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

choose one from drop down list in accordance with the terms of the Joint Powers Agreement governing
 the Northeast Minnesota Emergency Communications Board to provide authorized representation to serve a
 term commencing _____ on the _____ Users Committee
effective date
 _____ a member of the Northeast Minnesota
representing agency _____
choose one from drop down list
 Users 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 1:

Name

Title

Address

City/State/Zip

Email

Phone

REPRESENTATIVE 2:

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
 Northeast Minnesota Radio Users Committee, this _____ day of _____, 2021
date month

Signature: _____

Printed Name: _____

Title: _____

Email: _____