

NOTIFICATION FORM

EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR APPOINTMENT DEM-147

This form should be used to notify the Division of Emergency Management (DEM) of the person responsible for operation of the local emergency management program. All information should be typed or printed.

If the emergency management agency is an inter-jurisdictional organization and the same person has been appointed coordinator for two or more jurisdictions within the County, the Judge and all the affected Mayors must sign form. Additional signature blocks are on the reverse side of this form.

Return to:

State Coordinator
Division of Emergency Management
Texas Department of Public Safety
Box 4087
Austin, Texas 78773-0001

Any questions should be directed to the Public Information Officer at (512) 465-2138.

NOTICE TO LAW ENFORCEMENT OFFICERS. This information may be made available to the public under the Texas Open Records Act. DO NOT include your home address or telephone number.

JUDGE'S/MAYOR'S Name JOE D. HERMES - MAYOR
(circle one)
Jurisdiction CITY OF EDNA
Mailing Address 126 W. MAIN
City/ZIP EDNA, TEXAS 77957
OFFICE Phone (512) 782-3122 (512) 782-3590 FAX

SELECT ONE:

I have not appointed a coordinator and will personally direct the emergency management program for this jurisdiction.

I have appointed an Emergency Management Coordinator (EMC) to conduct the emergency management program for this jurisdiction. Effective date of appointment is 07-26-96

Complete the following:

Coordinator's Name GERALD G. DECKER

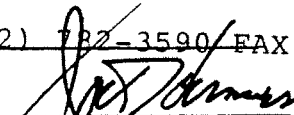
Title EMERGENCY MANAGEMENT COORDINATOR

OFFICE Mailing Address 126 W. MAIN

City/ZIP EDNA, TEXAS 77957

OFFICE Phone (512) 782-3122 (512) 782-3590 FAX

9-15-97



EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR NOTIFICATION

Section 418.101 of the Texas Government Code provides that the presiding officer of each political jurisdiction of the State shall notify the Division of Emergency Management (DEM) of the manner in which the political subdivision is providing an emergency management program and identify the person who heads that program. This form is used to make the required notification to DEM.

If the jurisdiction is party to an inter-jurisdictional emergency management program and the same individual has been appointed as the Emergency Management Coordinator for two or more jurisdictions within the county, the County Judge and the mayors of all cities participating in the inter-jurisdictional program must sign this form. Additional signature blocks are provided on the reverse.

This information on this form may be released to those inquiring about local emergency management programs and others pursuant to the Texas Open Records Act. Hence, DEM recommends that you provide business addresses and telephone numbers rather home addresses and telephone numbers.

Please PRINT or TYPE (items marked with an * indicate *required* information)

| <i>Presiding Officer</i> | | *COUNTY: JACKSON |
|--------------------------|---------------------|-------------------------|
| | County JUDGE | City MAYOR |
| *County/City | | City of Ganado, Texas |
| *Name | | Mayor Clinton Tegeler |
| *Mailing Address | | P.O. Box 264 |
| | | 112 E. Putnam |
| *City, State, Zip | | Ganado, Texas 77962 |
| *Office Phone | | (361) 771-2232 |
| *Fax Number | | (361) 771-3015 |
| *E-mail Address | | ganadomayor@ykc.cc |

****EMERGENCY MANAGEMENT PROGRAM STATUS***

- I HAVE NOT appointed an Emergency Management Coordinator and will personally direct the local emergency management program.
- I HAVE appointed/re-appointed the Emergency Management Coordinator identified below to conduct the emergency management program for this jurisdiction. **The effective date of appointment is:**

EMERGENCY MANAGEMENT COORDINATOR

| | *Coordinator | Asst Coordinator |
|--------------------------------------|-----------------------|------------------|
| *Name | Chief Rodney Roberson | |
| *Mailing Address | P.O. Box 264 | |
| | 112 E. Putnam | |
| *City, State, Zip | Ganado, Texas 77962 | |
| *Office Phone | (361) 771-2800 | |
| Fax Number | (361) 771-3015 | |
| E-mail Address | ganadopd@ykc.cc | |
| *Emergency Operations Center Number: | (361) 771-2800 | |

 Judge's or Mayor's Signature

7/05/2007

Date

PLEASE RETURN TO:
 Plans & Preparedness
 Division of Emergency Management
 Texas Department of Public Safety
 PO Box 4087-0220
 Austin, TX 78773-0220
 FAX: (512) 424-5637

NOTIFICATION FORM
EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR APPOINTMENT
DEM-147

This form should be used to notify the Division of Emergency Management (DEM) of the person responsible for the operation of the local emergency management program. All information should be typed or printed.

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~~JUDGE~~ MAYOR'S NAME Mr. Tillman Hunt
(circle one)
Jurisdiction City of Laward
Mailing Address P.O. Box # 2
City/ZIP LaWard Texas 77970
OFFICE Phone (512) 872-2155

SELECT ONE:

I have not appointed a coordinator and will personally direct the emergency management program for this jurisdiction.

I have appointed (circle one) an Emergency Management Coordinator (EMC) to conduct the emergency management program for this jurisdiction. Effective date of appointment is 3/5/98.

Complete the following:

Coordinator's Name MRS. THELMA DEYTON
Title Emergency Mgmt. Coord. City of LaWard
CITY COUNCIL MEMBER
OFFICE Mailing Address P.O. Box # 2
City/ZIP LA WARD, TX. 77970
OFFICE Phone 872-2155 HOME - 872-2119
FAX _____

3/5/98
Date

Evoy Wainbury
Judge or Mayor's Signature