**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=2>or you may request a Criminal History Check Online utilizing the [PATCH System](http://www.psp.state.pa.us/patch).
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:**

|  |  |  |
| --- | --- | --- |
|  | PA |  |
| City | State | Zip |

**Appointee’s Home Telephone Number:**

**(** **)**

**Appointee’s Email Address:**

**Appointee’s Date of Birth:**

**Appointee’s Social Security Number:**

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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