



PO Box 1147  
Warrensburg, MO 64093  
[www.MO-EMA.org](http://www.MO-EMA.org)



## LOCAL EMERGENCY MANAGEMENT CONTACT FORM

**Applicant – Please contact the local Emergency Management Agency in the County/City which you reside and complete this form. Submit your form with your completed application and essay. Please use the back of form or additional sheet of paper if needed.**

1. Name of County and location of your Local Emergency Management Agency:

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2. Name of the Local Emergency Manager/Coordinator:

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3. Main responsibilities of the Local Emergency Manager/Coordinator in your County.

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4. Current Projects that Emergency

Management is involved with:

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5. Name and position of who you visited or spoke with: (person should be responsible for Emergency Management for their respective County).

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6. Date and Time of visit.

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Name of Emergency Management Director: \_\_\_\_\_

Emergency Management Director Phone: \_\_\_\_\_

**Submit completed form with your application and essay before July 1, 2015**