

External Representatives

| External Agency/ Contractor or Vendor | Agency or Company Name Contact Person's Name | Contact Information (Telephone/Email) |
|--|---|--|
| Fire Department (firefighting, rescue, hazardous materials) | | |
| Emergency Medical Services | | |
| Public Health | | |
| Emergency Management Agency | | |
| Local Emergency Planning Committee (LEPC) | | |
| Law Enforcement (local, county or state police) | | |
| Public Works | | |
| Vendors | | |
| Customers | | |

Instructions: Solicit representation from public agencies, contractors, vendors, and others who can provide input into the program. Include their contact information in the table above.