

2016 HAZARD MITIGATION PLAN UPDATE

NOTICE OF INTENT TO PARTICIPATE

Individual Completing Notice of Intent to Participate:

Jurisdiction or  
Agency Name: \_\_\_\_\_  
Emergency  
Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

YES, we intend to participate in the 2016 Local Hazard Mitigation Plan Update.

NO, we will not participate in the 2016 Local Hazard Mitigation Plan Update.

If the YES box is checked, please complete the below information:

LHMP Point of Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone No. 1: \_\_\_\_\_  
Telephone No. 2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Alternate Point of Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone No. 1: \_\_\_\_\_  
Telephone No. 2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

We understand the County contracted consultant will not be writing the updates for the LHMP for our jurisdiction.

Emergency Manager/Agency Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: San Bernardino County Fire/Office of Emergency Services at [miles.wagner@oes.sbcounty.gov](mailto:miles.wagner@oes.sbcounty.gov) by June 13, 2016.