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 by June 13, 2016.