

**ANNUAL LEPC REPORT TO THE
STATE EMERGENCY RESPONSE COMMISSION**

_____ **COUNTY LEPC**

1. Report from January 1, _____ to December 31, _____
2. Budget report on gifts, bequests, grants, contributions or donations (81-15,217(2))
3. Members in Attendance (enclose attachment)
4. Number of Tier II received _____
5. Emergency Plan Reviewed and Changes Enclosed With This Report

6. Officer Elected (see below)
7. Copies of Notices Sent to _____ Newspaper
(Reimbursement form included with this report)
8. Members and Area They Represent (see below)
9. Items of Interest/Special Projects.

LEPC Members (All LEPC members who's term has expired need to submit an LEPC Member Application)

Chairperson _____

Coordinator of Information _____

Secretary _____

Local Elected Official _____

Public Health _____

Local Environmental Protection _____

Hospital _____

Firefighter _____

Emergency Management _____

Law Enforcement _____

Transportation _____

Broadcast/Print Media _____

Community Organizations _____

Facility Owner/Operator _____

(Please list other members on a separate sheet of paper and submit with this report)

Submit with attachments and enclosures to:

State Emergency Response Commission
Nebraska Emergency Management Agency
1300 Military Road
Lincoln, NE 68508-1090