

**Request for  
APPOINTMENT OF  
MUNICIPAL EMERGENCY MANAGEMENT COORDINATOR**

**INSTRUCTIONS**

1. You must request a Criminal Records Check be done for all who are recommended for appointment by completing a PA State Police form SP 4-164 "Request for Criminal Record Check". You must then attach the results to this form. SP 4-164 is available on the internet at <http://www.psp.state.pa.us/psp/cwp/view.asp?A=4&Q=48275> or you may request a Criminal History Check Online utilizing the PATCH System.
2. Complete Part I. (please type or print legibly.)
3. Submit original to the COUNTY Emergency Management Coordinator.
4. Retain a copy for your files.

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**PART I**

**Municipality Information:**

**Name:** \_\_\_\_\_  
Borough/Township/City

**Address:**

\_\_\_\_\_  
P.O. Box #/Street  
\_\_\_\_\_  
City, State, Zip

**Telephone Number:**

**Fax Number:**

**County:** \_\_\_\_\_

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

**Recommended Appointee Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
P.O. Box #/Street  
\_\_\_\_\_  
City, State, Zip

**Social Security Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Home Telephone Number :**

\_\_\_\_\_

**Previous Local Coordinator:**

\_\_\_\_\_

**Appointment Date of  
Previous Local Coordinator:**

\_\_\_\_\_

The above recommendation is of record in the Minute Books of the Municipality and was made with due consideration of the qualifications of the above recommended citizen of the Municipality and is subject to approval of the Pennsylvania Emergency Management Agency and the Governor of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature (Secretary/Manager)

\_\_\_\_\_  
Please Print Name and Title Legibly

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**PART II ( to be completed by County)**

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

**County EMC**

\_\_\_\_\_  
Please Print Name Legibly

**Signature**

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