



Tri-County Emergency Medical Control Authority

Serving Clinton, Eaton, and Ingham County

Agency Directors Committee Representation

Section 1: Primary Agency Representative

1. Name: _____
(First Name) (Middle Initial) (Last Name)
2. Agency: _____
3. Title: _____
4. Mailing Address: _____

5. Business Telephone: _____ Cell Phone: _____
6. Email Address: _____ Fax #: _____

Section 2: Alternate Agency Representative (if applicable)

Please indicate if you want the alternate to receive correspondence from TCEMCA: **Y or N**

1. Name: _____
(First Name) (Middle Initial) (Last Name)
2. Agency: _____
3. Title: _____
4. Mailing Address: _____

5. Business Telephone: _____ Cell Phone: _____
6. Email Address: _____ Fax #: _____

Section 3: Definitions

1. **Primary Representative** - This individual will serve as the liaison and main point of contact, between TCEMCA, the Agency Directors Committee (ADC) and the agency, including: attendance at ADC meetings, receive all TCEMCA communications concerning EMS and other issues, and be empowered by the agency to vote at ADC meetings and make binding decisions for the agency. It will be the responsibility of the primary representative to appropriately disseminate TCEMCA and ADC information within his/her agency.

2. **Alternate Representative** - An alternate representative may be appointed by the agency. The alternate representative will act on behalf of the agency in the absence of the primary representative and will be empowered by the agency to vote at ADC meetings and make binding decisions for the agency. This person, if applicable, will also receive all TCEMCA communications concerning EMS and other issues.

Section 4: Authorization – Must be signature of the Agency's senior executive (e.g., Chief, Agency Director, Chair of Governing Body)

Authorized Signature: _____

Print Name: _____ Title: _____

Agency: _____ Date: _____

Developed	1/24/2023	Updated		Implemented	1/24/2022	Approval	BP	Form ID	F-010
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