

STATEWIDE MUTUAL AID AGREEMENT

FORM A

Date: _____

Name of Government: _____

Mailing Address: _____

City, State, Zip: _____

Authorized Representatives to Contact for Emergency Assistance:

Primary Representative

Name: _____

Title: _____

Address: _____

Day Phone: _____ **Night Phone:** _____

Telecopier: _____ **Internet:** _____

First Alternate Representative

Name: _____

Title: _____

Address: _____

Day Phone: _____ **Night Phone:** _____

Telecopier: _____ **Internet:** _____

Second Alternate Representative

Name: _____

Title: _____

Address: _____

Day Phone: _____ **Night Phone:** _____

Telecopier: _____ **Internet:** _____

PLEASE UPDATE AS ELECTIONS OR APPOINTMENTS OCCUR

Return to: Department of Community Affairs – Division of Emergency Management

2555 Shumard Oak Boulevard – Tallahassee, Florida 32399-2100

Agreement Date: July 31, 2000 Form A Revision Date: July 25, 2003