



## External Representatives

External Agency/ Contractor or Vendor	Agency or Company Name Contact Person's Name	Contact Information (Telephone/Email)
Fire Department (firefighting, rescue, hazardous materials)		
Emergency Medical Services		
Public Health		
Emergency Management Agency		
Local Emergency Planning Committee (LEPC)		
Law Enforcement (local, county or state police)		
Public Works		
Vendors		
Customers		

**Instructions:** Solicit representation from public agencies, contractors, vendors, and others who can provide input into the program. Include their contact information in the table above.