OnWARN Member
Emergency Contact Information Form

Member Contact Information

Utility Name:	
Address:	
City:	
Postal Code:	
Website:	
24-hr Tel. No.:	

Primary Emergency Contact (Authorized Official)

Authorized Official:	
Telephone:	
Cell Phone:	
E-mail:	

Secondary Emergency Contact (Alternate)

Alternate Name:	
Telephone:	
Cell Phone:	
E-mail:	

Emergency Documents & Records Contact (if applicable)

Name:	
Telephone:	
Cell Phone:	
E-mail:	

We understand the key assumptions for becoming a Member (as described in the OnWARN Operational Plan):

1. We have signed and submitted the Agreement to the OnWARN Steering Committee (info@onwarn.org),
2. We have our own up-to-date Emergency Response Plan,
3. We have identified and provided emergency contact information on this form and we will update the OnWARN Steering Committee if this information changes,
4. We will keep an up-to-date list of our own resource information that may be available in an emergency for ourselves, and for mutual aid and assistance response,
5. We will include in our Emergency Response Plan the elements described in the OnWARN Operational Plan (Key Assumptions section 3C),
6. We will support and participate in OnWARN activities, as much as we can.

Authorized Official _____ Date _____

The information provided on this page will be included on the OnWARN "Members Only" section of its website, www.onwarn.org.

Please scan and e-mail completed form to info@onwarn.org.