

ICC Governmental Member Representatives Designation

Member Number _____

Governmental Member Name (Please print clearly or type): _____

Jurisdiction _____

Department/Agency _____

Population of Jurisdiction: 0-50,000 50,001-150,000 > 150,000

(1) Primary Representative

Name: Mr. Ms. _____ E-mail: _____

Title _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ ext. _____ Fax _____

Signature of authority having jurisdiction for designation of Governmental Member Representatives below:

_____ Date _____

Governmental Member Representatives, based on population of jurisdiction:

0-50,000 population, up to four Governmental Member Representatives (including primary representative above). List up to three additional representatives below.

(2) Name Mr. Ms. _____ E-mail: _____

Title _____

Phone _____ ext. _____ Fax _____

(3) Name Mr. Ms. _____ E-mail: _____

Title _____

Phone _____ ext. _____ Fax _____

(4) Name Mr. Ms. _____ E-mail: _____

Title _____

Phone _____ ext. _____ Fax _____

50,000-150,000 population, up to eight Governmental Member Representatives (including primary representative above). List up to four additional representatives below.

(5) Name Mr. Ms. _____ E-mail: _____

Title _____

Phone _____ ext. _____ Fax _____

(6) Name Mr. Ms. _____ E-mail: _____

Title _____

Phone _____ ext. _____ Fax _____

(7) Name Mr. Ms. _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

(8) Name _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

Over 150,000 population, up to twelve Governmental Member Representatives (including primary representative above).
List up to four additional representatives below.

(9) Name Mr. Ms. _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

(10) Name Mr. Ms. _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

(11) Name Mr. Ms. _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

(12) Name Mr. Ms. _____ E-mail: _____
Title _____
Phone _____ ext. _____ Fax _____

Please list individuals no longer with your jurisdiction:

(1) Name Mr. Ms. _____
Title _____

(2) Name Mr. Ms. _____
Title _____

(3) Name Mr. Ms. _____
Title _____

(4) Name Mr. Ms. _____
Title _____

Fax or Mail to: Member Services
ICC - Birmingham District Office
900 Montclair Road
Birmingham, AL 35213
Fax: 205-591-0775
Phone: 1-888-ICC-SAFE (422-7233) x33804