

## EXPRESSION OF INTEREST APPOINTMENT TO LOCAL EMERGENCY MANANGEMENT COMMITTEE

Name					
Postal Address					
Phone					
E-mail					
Please accept my erepresentative:	expression o	f interest to be ap	opointe	ed as the follov	ving
☐ Ardyaloon	[	Bidyadanga		Coconut Well	/Waterbank
Lombadina					
Relevant qualificati	ons and exp	erience:			
DateClick or tap to en	ter a date.	Signature			