



Iowa Mutual Aid Compact (IMAC) Authorized Representative Form



(Print the name of the participating EMA/city/county/township or political subdivision)

Those personnel authorized in the political subdivision to obligate funds and personnel on behalf of the political subdivision. Note: These personnel will be signing the authorization lines on the REQ-A contracts.

Primary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____

Secondary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____

Tertiary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____



Iowa Mutual Aid Compact (IMAC)
Designated Contact Form



 (Print the name of the participating EMA/city/county/township or political subdivision)

Those personnel authorized in the political subdivision to coordinate resources and personnel in response to an IMAC request. Note: These personnel are not authorized to obligate personnel or funds on behalf of the political subdivision and **will not** be authorized to sign a REQ-A. Telephone numbers for these contacts should be 24/7 (i.e. communications centers, pagers, cell phones, etc.)

Primary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____

Secondary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____

Tertiary

Name _____ Title _____

Phone () - _____ Fax () - _____

Email _____

Mail Address _____

City _____ ZIP _____