

Local Emergency Management Plan Municipal Adoption Form

The Local Emergency Management Plan (LEMP) must be (re)adopted annually, after town meeting day, and submitted to the appropriate Vermont Emergency Management (VEM) Regional Coordinator by June 1st.

If VEM needs to contact municipal leaders to determine status and support requirements during an emergency, the Emergency Management Director (EMD) and two other local points of contact who should have authoritative local information and authority to request resources are listed at right.

VEM will share the town's contact information with emergency partners who have a life safety need during an emergency.

Mark this box to request Vermont Emergency Management not share the town's contact information with emergency partners (Dam owners, utility providers, elected officials, neighboring EMDs, American Red Cross, FEMA) outside of an emergency.

| REMC Representatives | |
|-----------------------------------|--|
| REMC Emergency Services Appointee | Troy Seckington |
| Email | chief@emfd.org |
| EMD REMC Representative | Jennifer Devine |
| Email | manager@eastmontpelirvt.org |

| | |
|----------------------------|--|
| Municipality | Town of East Montpelier |
| LEMP Adoption Date | June 1, 2026 |
| NIMS Adoption Date | 5/7/2012 |
| EMD Name | Jennifer Devine |
| Position | EMD, Town Administrator, Road Commissioner |
| Primary Phone | 802-223-3313 x204 |
| Alternate Phone | 802-522-5130 |
| Email | manager@eastmontpelirvt.org |
| Public contact information | manager@eastmontpelirvt.org |
| POC 2 Name | Seth Gardner |
| Position | Selectboard Chair |
| Primary Phone | 802-272-3478 |
| Alternate Phone | 802-223-1370 |
| Email | sethbgardner@hotmail.com |
| POC 3 Name | Guthrie Perry |
| Position | Road Foreman |
| Primary Phone | 802-622-4217 |
| Alternate Phone | 802-223-5870 |
| Email | highway@eastmontpelirvt.org |

I hereby certify that the LEMP meets Vermont National Incident Management System (NIMS) requirements and current LEMP Implementation Guidance as on page 2:

Signed* _____ Printed Name: _____
 Certifying individual must have taken, at a minimum, ICS402 or ICS100/IS-100 training

I hereby attest that the municipality has adopted NIMS and the LEMP at a **warned public meeting**, as stated above:

Signed* _____ Printed Name: _____
 Attesting individual must be a selectboard member, town manager, council member, city manager, mayor

Once completed, send adoption form (2 pages) and copy of Local Emergency Management Plan to VEM Regional Coordinator.