**OPERATIONAL AREA COUNCIL/DISASTER COUNCIL**

**SUBMITTAL FORM**

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| **SUBMITTAL INFORMATION**  |
| **Name of Submitting Agency**:  |       |
| **Name of Plan/Project/Policy:**  |       |
| **Summary:** What is being submitted and why. If this is a plan, is it a new plan or a modification to an existing emergency or disaster related plan? If it is a policy, explain how it affects the management/operations of emergency response. If informational, please explain the importance to Operational Area Council and/or Disaster Council.  |
|       |
| Primary Contact for Submitting Agency:  |       |
| Title:  |       |
| Business Address:  |       |
| City:  |       | Zip Code:  |       | State:  |       |
| Phone:  |       | Fax #:  |       |
| E-mail:  |       | Date Sent:  |       |

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| **FOR COUNTY USE ONLY**  |
| Project Number:  | Date Received: |
| Received by: | Title: |
| Submitted to Operational Area Coordinator for review on: |