RUTLAND REGIONAL PLANNING COMMISSION

Regional Emergency Management Committee (REMC): 2024-2025 Reappointment Form

Municipality name: Town of Killington

Please fill out the table below, even if your voting members and contact information remain the same. The first row should be the emergency *management* (EM) representative (specify "EMD" or "EMD-designee" under "Role") and the second row the emergency *services* (ES) representative (specify fire, police, etc. under "Role"). Note that EMDs can choose to be an emergency services representative *so long as* they designate an emergency management representative.

First Name	Last Name	Role	Phone	Email Address
Whit	Montgomery	EMD	802-422-3200	whit@killingtontown.com
Craig	Bowman	EMD-Designee	802-855-5775	firechief@killintontown.com

*Please put a star to the left of your name if you would be interested in becoming a nominee for Chair

Proxy Delegations Statements: Voting members should complete the statements below to delegate voting proxies.

Emergency Management Director (or Designee):

I, Whit Montgomery (First name, Last name), representing the town of Killington (Name),

hereby delegate my vote to Craig Bowman (**ES Rep** First name, Last name) for all matters of the Rutland REMC that require a vote when I am unable to cast a vote.

Emergency Services Voter:

I, Craig Bowman (First name, Last name), representing the town of Killington (Name),

hereby delegate my vote to Whit Montgomery (**EM Rep** First name, Last name) for all matters of the Rutland REMC that require a vote when I am unable to cast a vote.

Selectboard Approval:

I, Jim Haff (First name, Last name), as the duly authorized representative for the constituent municipality of Killington (Name), do hereby affirm that our governing legislative body has approved the (re)appointment of the two individuals named above.

Signature: _____ Date: _____

Chairperson