



April 10, 2026

To the Northeast Georgia Region 10 Emergency Medical Services Advisory Council,

On Behalf of **Walton County**, I/we nominate _____ to serve on the Northeast Georgia Region 10 Emergency Medical Services Council to fill the current term **July 1st, 2026- June 30th 2029**, for our county. I also understand that the position is not automatically renewed and requires a renewal or replacement decision from said county before the end of the term.

The current representative whose term is expiring is **Mr. Ronald Almand**

Please let us know about your decision by **June 1st, 2026**, by completing the attached nomination letter. Your options are:

1. Reappoint _____ for another 3-yr. term ending June 30th, 2029.
2. Appoint a new representative from the recommended stakeholder list and send us his/her contact information for a term ending in June 2029.

I/We understand my/our decision must be received by **June 1st, 2026**, so we can notify the new representative of their attendance requirements and give a copy of the by-laws prior to the June 17th, 2026, meeting, and the locations of said meeting.

_____ (Please type or print name clearly)
Commissioner Representative

_____ (Signature) _____ (Date)

Please provide the following information for your representative:

Mailing Address _____ City _____ State _____ Zip _____

Email address _____ Phone Number _____

Employer _____ Title/Position _____

Please email your decision to the following address:

Anna Sheridan
Region 10 OEMS- Regional Director
1680 Pheonix Blvd Suite 200
Atlanta Ga, 30349
anna.sheridan@dph.ga.gov