

EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR NOTIFICATION

Section 418.101 of the Texas Government Code states: “The presiding officer of the governing body of each political subdivision will notify the Division of Emergency Management of the manner in which the political subdivision is providing or securing an emergency management program, identify the person who heads the agency responsible for the program, and furnish additional pertinent information.” **This form is used to make the required notification to TDEM in accordance with Governor Executive Order GA-05 submitted annually by the 1st of February of each year or within 30 days of any change of elected or appointed officials.**

The information on this form may be released to those inquiring about local emergency management programs pursuant to the Texas Open Records Act. Hence, TDEM recommends that you provide business addresses and mobile telephone numbers rather than home addresses and telephone numbers.

COUNTY:	Lubbock	<i>(Required)</i>
Jurisdiction:	City of Wolfforth	<i>(City of County Name)</i>
Official's Title:	Mayor	<i>(Mayor/Judge)</i>
Name:	Charles Addington	<i>(First & Last Name)</i>
Mailing Address:	PO Box 36	<i>(The best address to receive mail)</i>
City, State, Zip:	Wolfforth, TX 79382	
Office Phone:	806-855-4120	
Cell Phone:	806-787-7554	
Fax Number:		
Email:	caddington@wolfforthtx.us	<i>(Please include-this is a back-up for mailing)</i>
24 Hr Contact #:	806-787-7554	

EMERGENCY MANAGEMENT PROGRAM APPOINTMENT STATUS

- I HAVE NOT appointed an Emergency Management Coordinator and will personally direct the local emergency management program.
- I HAVE appointed/re-appointed the Emergency Management Coordinator identified below to conduct the emergency management program for this jurisdiction. The effective date of appointment is: 01/03/2022
- We share our EMC with _____ (name of jurisdiction).

*If the COUNTY Emergency Management Coordinator has been appointed to other jurisdictions within the county, the County Judge and the participating City Mayor must sign this form.
(See the third page for additional signature blocks.)*

The EMC for this jurisdiction is (Please select one):

- Paid, full time, EMC only
- Paid, full time, EMC and other job duties (Fire Chief, Fire Marshal, Police Chief, EMS Director, etc.)
(please specify other duty/duties) Fire Chief
- Paid, part time, EMC only.
- Paid, part time, EMC and other job duties (Fire Chief, Fire Marshal, Police Chief, EMS Director, etc.,
(please specify other duty/duties) Fire Chief
- Unpaid/volunteer EMC only.
- Unpaid/volunteer, EMC and other volunteer job duties (Fire Chief, Fire Marshal, Police Chief, EMS Director, etc.,
(please specify other duty/duties) Fire Chief
- Other *(please describe)*

EMERGENCY MANAGEMENT COORDINATOR		
	Coordinator	Asst Coordinator
Name:	Lance Barrett	Aaron Pittillo
Mailing Address:	PO Box 36	PO Box 36
City, State, Zip:	Wolfforth, TX 79382	Wolfforth, TX 79382
Office Phone:	806-855-4135	806-855-4135
Cell Phone:	806-548-1377	806-777-9389
Fax Number:		
Email Address:	lbarrett@wolfforthtx.us	apittillo@wolfforthtx.us
24 Hr Contact #.:	806-548-1377	806-777-9389
Emergency Operations Center #:	806-855-4120	

Check this box if the information above contains personal information pertaining to a law enforcement official such as personal home or cellular phone number, and/or home mailing or personal email address.

	City Manager	Public Health Director
Name:	Randy Criswell	Lance Barrett
Mailing Address:	PO Box 36	PO Box 36
City, State, Zip:	Wolfforth, TX 79382	Wolfforth, TX 79382
Office Phone:	806-855-4123	806-855-4135
Cell Phone:	806-549-5116	806-548-1377
Fax Number:		
Email Address:	rcriswell@wolfforthtx.us	lbarrett@wolfforthtx.us
24 Hr Contact #:	806-549-5116	806-548-1377

	Public Information Officer
Name:	Terri Robinette
Mailing Address:	PO Box 36
City, State, Zip:	Wolfforth, TX 79382
Office Phone:	806-855-4159
Cell Phone:	806-777-8971
Fax Number:	
Email Address:	trobinette@wolfforthtx.us
24 Hr Contact #:	806-777-8971

Judge or Mayor Signature

1-22-24

Date

PLEASE RETURN TO:

Texas Division of Emergency Management Operations Section
 2883 Highway 71 E
 PO Box 285
 Del Valle, TX 78617-9998

Phone: 512-424-2208

Email: paige.purvis@tdem.texas.gov

[Click to Submit to 147 Coordinator](#)

For Shared EMC Use Only

By-signing this form, you agree the appointed Emergency Management Coordinator (EMC) listed on page 2 is also your EMC. If you have a separate EMC you must submit the first and second pages for your jurisdiction.

Mayor	
City:	
Name:	
Mailing Address:	
City, State, Zip:	
Office Phone:	
Cell Phone:	
Fax Number:	
Email Address:	
24 Hr Contact #.:	
Signature:	

Mayor	
City:	
Name:	
Mailing Address:	
City, State, Zip:	
Office Phone:	
Cell Phone:	
Fax Number:	
Email Address:	
24 Hr Contact #.:	
Signature:	

Mayor	
City:	
Name:	
Mailing Address:	
City, State, Zip:	
Office Phone:	
Cell Phone:	
Fax Number:	
Email Address:	
24 Hr Contact #.:	
Signature:	