



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.

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:	SAN PATRICIO COUNTY	(Required)
Jurisdiction:	SAN PATRICIO COUNTY	(City or County Name)
Official's Title:	COUNTY JUDGE	(Mayor/Judge)
Name:	DAVID KREBS	(First & Last Name)
Mailing Address:	400 WEST SINTON STREET, RM 109	(The best address to receive mail)
City, State, Zip:	SINTON, TEXAS 78387	
Office Number:	361-364-9301	
Cell Number:	361-813-0619	
Fax Number:	361-364-6118	
E-mail:	David.Krebs@co.san-patricio.tx.us	(Please include – this is a back-up for mailing)

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 the appointment is: 1/7/20
- 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 Mayors 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 Marshall, Police Chief, EMS Director, Etc.) (please specify other duty/duties) _____
- Paid part time, EMC only
- Paid, Part Time, EMC and other job duties (Fire Chief, Fire Marshall, Police Chief, EMS Director, Etc.) (please specify other duty/duties) _____
- Unpaid/volunteer EMC only
- Unpaid/Volunteer, EMC and other volunteer job duties (Fire Chief, Fire Marshall, Police Chief, EMS Director, Etc.) (please specify other duty/duties) _____
- Other (please describe) _____

EMERGENCY MANAGEMENT COORDINATOR		
	Coordinator	Asst Coordinator
Name:	SARA WILLIAMS	SHANNA OWENS
Mailing Address:	313 N. RACHAL STREET	313 N. RACHAL STREET
City, State, Zip:	SINTON, TX 78387	SINTON, TX 78387
Office Phone:	361-587-3561	361-587-3563
Cell Number:	281-513-6254	361-229-3186
Fax Number:	361-587-3761	361-587-3763
E-mail Address:	sara.williams@co.san-patricio.tx.us	shanna.owens@co.san-patricio.tx.us
Emergency Operations Center Number:		

David R. Kulis

Judge's or Mayor's Signature

01-08-2020

Date

<p>PLEASE RETURN TO: Texas Division of Emergency Management Operations Section PO Box 15467 Austin, TX 78761 Phone: (512) 424-2208 Email: Click to Submit Form to SOC</p>	
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