



_____ (Date)

To the Northeast Georgia Region 2 Emergency Medical Services Advisory Council,

On Behalf of _____ County, I/we nominate _____ to serve on the Northeast Georgia Region 2 Emergency Medical Services Council to fill the current term **July 1st 2024 - June 30th 2027**, 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 _____

Please let us know about your decision by June 12th, 2023, by completing the attached nomination letter. Your options are:

1. Reappoint _____ for another 3-yr. term ending **June 30th, 2027**.
2. Appoint a new representative from the recommended stakeholder list and send us his/her contact information for a term ending in June 2026.

I/We understand my/our decision must be received by **June 15th, 2024**, so we can notify the new representative of their attendance requirements and give a copy of the by-laws prior to the June 20th, 2024, 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 mail or email your decision to the following address:

Lanier Swafford
Region 2 OEMS- Regional Director
2916 Highway 136 West
Dawsonville, GA 30534
lanier.swafford@dph.ga.gov