

Local Disaster Management Group Membership Details Form

Privacy Notice Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of updating your details. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.



This form is to be completed when an agency that is part of the Local Disaster Management Group (LDMG) needs to update contact details.

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Member Details

Agency name:

Member

Member name:

Email:

Postal address:

Mobile number:

Alternate number:

Deputy Member

Deputy member name:

Email:

Postal address:

Mobile number:

Alternate number:

Declaration

I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Name:

Signature:

Date:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

Letter of appointment (if there has been a change of member)