



## Local Emergency Planning Committee Membership Update Form

State Emergency Response Commission  
c/o TDEM Operations Section  
1033 La Posada Dr  
Austin, TX 78752  
(512) 424-2208  
E-Mail: soc@tdem.texas.gov



### BOX A

*Box A must be filled in and signed by the County ..... before returning form(s) to the SERC)*

Legal Name of LEPC: Hidalgo County LEPC

County/Countries: Hidalgo

Is this your entire LEPC membership listing?  Yes  No

County Judge's First Name: Richard

Last Name: Cortez

County Judge's Approval (signature required):

Date:

### LEPC Membership Categories

(In accordance with Public Law 99-499, Section 301(c))

*Note: Information may be released to the public under the Texas Open Records Act. Use your work address and phone number.*

Community Group	CG	Health	HE	Information Coordinator	IC
Emergency Management	EM	Hospital	HO	Print/Broadcast Media	PBM
Emergency Medical Service	EMS	Law Enforcement	LE	State/Local Official	SLO
Facility Owners/Operators	FO	Local Environmental Group	LEG	Transportation Personnel	TP
Firefighters	FF	Health	HE	Other	OTH

### Box 1: Chairperson Update Information

Salutation: First Name: Robert

Last Name: Alvarez

Job Title: Asst. Fire Chief/EMC

Contact Phone: 956-522-9194

Contact Email: Realvarez@missiontexas.us

Fax Number: 956-580-8712

Organization/Agency: City of Mission Fire Department

LEPC Membership Category: CP

Address: 415 W. Tom Landry

City: Mission

State: TX

Zip Code: 78572

### Box 2: Vice Chairperson Update Information

Salutation: Mr. First Name: Gavin

Last Name: Giere

Job Title: EHSS Geography Support Manager

Contact Phone: 713-416-6693

Contact Email: GGiere@wilburellis.com

Fax Number:

Organization/Agency: Wilbur-ellis

LEPC Membership Category: CV

Address: 33008 Cardinal Crest Lane

City: Houston

State: TX

Zip Code: 77080

Please provide a point-of-contact in the event there are questions about the information contained on these forms. Thank you.

Contact Name:

Email:

Phone:

# LEPC Member Updates

Reproduce this page if necessary.

Box A and Box 1 on first page must be completed when submitting member updates.

Salutation: Dr.	First Name: Ludivina	Last Name: Avila
Job Title: Chemistry faculty	Contact Phone: (956)207-9376	
Contact Email: aludy@southtexascollege.edu	Is this person a new member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Organization/Agency: South Texas College / American Chemical Society Sc	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation: Mr.	First Name: Bruce	Last Name: Wilson
Job Title: American Red Cross South Texas Rep	Contact Phone: (956) 423-0523	
Contact Email: bruce.wilson2@redcross.org	Is this person a new member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Organization/Agency: American Red Cross South Texas Region	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name:	Last Name:
Job Title:	Contact Phone:	
Contact Email:	Is this person a new member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency:	LEPC Membership Category:	
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		