



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	
<i>Box A must be filled in and signed by the County Judge or an appointed EMC before returning form(s) to the SERC)</i>	
Legal Name of LEPC: Hidalgo County LEPC	
County/Countries: Hidalgo	Is this your entire LEPC membership listing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
County Judge's First Name: Richard	Last Name: Cortez
County Judge's Approval (<i>signature required</i>):	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: Chief	First Name: Gustavo	Last Name: Ramirez
Job Title: Assistant Fire Chief		Contact Phone: 956-665-3402
Contact Email: Gramirez@weslacotx.gov		Fax Number:
Organization/Agency: Weslaco Fire Department		LEPC Membership Category: CP
Address: 520 E Mile 11 N		
City: Weslaco	State: TX	Zip Code: 78596

Box 2: Vice Chairperson Update Information		
Salutation: Captain	First Name: Pedro	Last Name: Bustamante
Job Title: Fire Captain		Contact Phone: 956-292-8475
Contact Email: pedro.bustamante@fd.pharr-tx.gov		Fax Number:
Organization/Agency: Pharr Fire Department		LEPC Membership Category: CV
Address: 118 S. Cage Blvd., 3rd Floor		
City: Pharr	State: TX	Zip Code: 78577

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

Contact Name: Jesus Diaz	Email: jesus.diaz@co.hidalgo.tx.us	Phone: 956-457-1080
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LEPC Member Updates

Reproduce this page if necessary.

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

Salutation: Captain	First Name: Florentino	Last Name: Vela
Job Title: Fire Captain		Contact Phone: 956-447-3415
Contact Email: Fvela@weslacotx.gov	Is this person a new member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: Weslaco Fire Department		LEPC Membership Category: FF
Did this person replace a previous member? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name:		
Salutation:	First Name: Jesus	Last Name: Diaz
Job Title: Deputy EMC		Contact Phone: 956-457-1080
Contact Email: jesus.diaz@co.hidalgo.tx.us	Is this person a new member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Organization/Agency: Hidalgo County Office of Emergency Management		LEPC Membership Category: EM
Did this person replace a previous member? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Previous member's name: Rolando Casas		
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:		