

November 14, 2014

Dear Commissioner Hood

The term of one of the current representatives from Gordon County on the Northwest Georgia Region 1 Emergency Medical Services Council will expire in January, 2015. The positions are not automatically renewed and require a renewal or replacement decision from you.

The current representative whose term is expiring is **Mr. Bud Owens**

Their attendance record for the last two years is 1 absences from a total of 9 meetings (an 88% attendance record).

*Please let us know about your decision by **December 31, 2014** by completing the attached nomination letter. Your options are:*

1. Renew the present representative for an additional 2 year term ending January, 2017.
2. Appoint a new representative and send us his/her contact information for a term ending in January, 2017.
3. Appointments not received by January 15, 2015 will result in a appointee for your county being made by the Council Chair per the Council By-Laws.

You may mail or email your decision to the following address:

David T. Foster III, MLS, Paramedic  
Regional Director  
Region 1 Office of EMS & Trauma  
1309 Redmond Road  
Rome, GA 30165  
[david.foster@dph.ga.gov](mailto:david.foster@dph.ga.gov)

If you have any questions you may contact Mr. Foster at 706-295-6176.

Sincerely,

Lana Duff, NRP, Council Chair

\_\_\_\_\_ (Date)

To the Northwest Georgia Region 1 Emergency Medical Services Council,

On Behalf of **Gordon County** I/we nominate \_\_\_\_\_ to serve on the Northwest Georgia Region 1 Emergency Medical Services Council to fill the upcoming term **January 2015-January 2017** 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.

I/We understand my/our decision must be received by December 31, 2014 so you can notify the new representative of their requirement to attend the January 2015 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 \_\_\_\_\_

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If you have any questions you may contact Mr. Foster at 706-295-6176 or 404-989-4231(cell)