



Massachusetts Department of Public Health  
Office of Preparedness and Emergency Management  
250 Washington Street  
Boston, MA 02108

## Appendix C – ADMINISTRATOR CHANGE FORM

The \_\_\_\_\_ MRC requests that the named local administrators for MA Responds be changed as designated below.

Effective date: \_\_\_\_\_

### **Previously Named Local Administrators:**

#### **Administrator #1**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

#### **Administrator #2**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

#### **Administrator #3**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

### **Current Local Administrators:**

#### **Administrator #1**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

#### **Administrator #2**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

#### **Administrator #3**

Name:  
Phone (Home):  
Phone (Cell):  
Phone (Work):  
Email Address:

*Please return this form to:*  
**Liz Foley**  
**Health Volunteer Program Coordinator**  
**Office of Preparedness and Emergency Management**  
**Massachusetts Department of Public Health**  
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