

**ATTACHMENT C  
MUTUAL AID “OPT-IN” FORM**

**CITY/TOWN/DISTRICT OF \_\_\_\_\_**

I hereby certify by my signature(s) below that the city/town/district or other governmental unit has authorized, in accordance with each of the applicable statutes, its participation in each of the mutual aid agreements indicated below (each individual section below must be completed for each agreement authorized).

**MGL c. 40, §4J – Statewide Public Safety Mutual Aid Agreement**

Signature\_\_\_\_\_ Date of Vote/Execution\_\_\_\_\_

Title\_\_\_\_\_

**MGL c. 40, §4K – Statewide Public Works Municipal Mutual Aid Agreement**

Signature\_\_\_\_\_ Date of Vote/Execution\_\_\_\_\_

Title\_\_\_\_\_

Once each applicable section of this form is completed, please return the form to:

Massachusetts Emergency Management Agency  
State Logistics Warehouse  
20 Forge Parkway  
Franklin, MA 02038  
Attn: Jeff Dumais