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 much 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

or Email form to: MEMA.Logistics@mass.gov