

Appendix E

DECLARATION OF DISASTER EMERGENCY

WHEREAS, on or about _____ a (disaster) has caused or threatens to cause injury, damage, and suffering to the persons and property of _____ (City/Township/Borough); and

WHEREAS, the (disaster) has endangered the health, safety and welfare of a substantial number of persons residing in _____ (City/Township/Borough), and threatens to create problems greater in scope than problems _____ (City/Township/Borough), may be able to resolve; and

WHEREAS, emergency management measures are required to reduce the severity of this disaster and to protect the health, safety and welfare of affected residents in _____ (City/Township/Borough);

NOW, THEREFORE, we, the undersigned Commissioners/Supervisors/Mayor of _____ (City/Township/Borough) pursuant to the provisions of Section 7501 of the Pennsylvania Emergency Management Services Code, (35 PA C.S., Section 7501), as amended, do hereby declare the existence of a disaster emergency in _____ (City/Township/Borough).

FURTHER, I/we direct the _____ (City/Township/Borough) Emergency Management Coordinator to coordinate the activities of the emergency response, to take all appropriate action needed to alleviate the effects of this disaster, to aid in the restoration of essential public services, and to take any other emergency response action deemed necessary to respond to this emergency.

STILL FURTHER, I/we authorize officials of _____ (City/Township/Borough) to act as necessary to meet the current exigencies of this emergency, namely: by the employment of temporary workers, by the rental of equipment, by the purchase of supplies and materials, and by entering into such contracts and agreements for the performance of public work as may be required to meet the emergency, all without regard to those time-consuming procedures and formalities normally prescribed by law, mandatory constitutional requirements excepted.

This Declaration shall take effect immediately.

(Chairman/President/Mayor) (Member)

(Vice Chairman/President) (Member)

(Secretary) (Member)

Attest: _____ Date: _____

(NOTE: THE AUTHORIZING OFFICIAL(S) ARE BASED ON THE TYPE OF GOVERNMENT UNDER WHICH THE MUNICIPALITY OPERATES. THE MUNICIPAL SOLICITOR SHOULD BE CONSULTED TO ENSURE THE PROPER PROCEDURES ARE FOLLOWED.)