

INITIAL DANGEROUS WILD ANIMAL RESPONSE TEAM NOMINATION FORM

County: _____

Member Type	Member's Name	Organization/Address	Telephone	E-Mail
Members Required by Statute				
Law Enforcement				
Fire				
First Aid				
Emergency Management				
Health				
Media				
Elected Official				
Dangerous Wild Animal Owner				
Members Recommended by the State of Ohio Dangerous Wild Animal Emergency Response Commission				
Veterinarian				
Public Health				
Optional Members				

County Commissioner's Signature

County Commissioner's Signature

County Commissioner's Signature

Date

Submit by **July 1, 2013** to:

Ohio Department of Agriculture
 Dangerous Wild Animal Office
 8995 East Main Street
 Reynoldsburg, Ohio 43068
 Email: animal@agri.ohio.gov
 Fax: (614) 752-3065

For the State Dangerous Wild Animal Emergency Response Commission's Use Only:	
Date Received:	
Date Reviewed:	
Approved: (Y or N)	
Other Actions Taken:	
Notes:	