**2018 ERT Form**

Please fill out the highlighted spaces below (*place cursor at the beginning of the space and begin typing*) with information for your Emergency Response Team (up to 5 individuals). Under Role & Responsibility, please list the person’s role during the response phase following an emergency event (e.g. *secure building access; assess building integrity; financial impact assessment; etc.*). Then scan and email the form to [DEM@miamibeachfl.gov](mailto:DEM@miamibeachfl.gov),

**Name of Property & Zip Code:**

**Name of Property Management Company:**

**Property Primary Point of Contact Name: Phone:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date Received | Initial | Name | Title | Role and Responsibility | Email | Cell Phone Number |
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*I hereby authorize the above listed names as members of the Emergency Response Team for the specified property.*

Authorization Signature Designee Signature

Authorization Name and Title Designee Name and Title

Please return this form to: City of Miami Beach, The Department of Emergency Management

[DEM@miamibeachfl.gov](mailto:DEM@miamibeachfl.gov)

Emergency Operations Center (EOC), 3rd Floor, 2310 Pine Tree Drive, Miami Beach, Florida 33140