

**Letter of Intent  
(to develop a Local Hazard Mitigation Plan)**

**Name of City/Special District/Jurisdiction:** \_\_\_\_\_,

**County of** \_\_\_\_\_ **in the State of California.**

The above named **City/Special District/Jurisdiction**, does not intend to develop a Local Hazard Mitigation Plan (LHMP), at this time. [The jurisdiction understands that it will not be eligible to receive mitigation project funding after November 1, 2004.]

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The above named **City/Special District/Jurisdiction** intends to develop and submit for State review and FEMA approval, a LHMP, written in accordance with Section 322 of the Stafford Act, as indicated (**Check One**) below. (Please provide the name of the jurisdiction's LHMP contact person in the box provided below.)

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**Single Jurisdiction LHMP** or a  **Multi-Jurisdictional LHMP.**  
(If Multi-Jurisdictional; **Name of LEAD Jurisdiction:** \_\_\_\_\_.)

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**CONCERNING THE LHMP:**

The above named City/Special District/Jurisdiction has begun development of a LHMP.

The above named City/Special District/Jurisdiction will begin development of a LHMP by

**Date:** \_\_\_\_\_.

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The above named City/Special District/Jurisdiction does not have enough information to complete this Letter of Intent. Please contact the person listed below to provide clarifications or additional information to this Jurisdiction.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Council/Board Chair or Designated Representative) (Print name & title of signing official):

Name of Local Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Please complete the enclosed *Letter of Intent* ASAP.  
FAX to CalEMA Hazard Mitigation Branch at (916) 845-8386.**