

**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 must 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
400 Worcester Road
Framingham, MA 01702-5399
Attn: Allen Phillips