

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

Be it resolved by THE MASON COUNTY COMMISSIONERS (Governing Body) MASON COUNTY, WA. (Public Agency)

That _____ (Name), _____ (Title)

is hereby authorized to execute for and in behalf of THE SKOKOMISH VALLEY

FLOOD CONTROL DISTRICT, a public agency established under the laws of the state of Washington. The purpose of this designation is to be the authorized representative for obtaining federal and or state emergency or disaster assistance funds.

Passed and approved this _____ day of _____, 19__.

Signature lines with (Name) and (Title) labels for multiple individuals.

CERTIFICATION

I, _____ (Name), _____ (Title) of _____ (Public Agency), do hereby certify that the above is true and correct copy of a resolution passed and approved by the _____ (Governing Body) of _____ (Public Agency) on the _____ day of _____, 19__.

Date: _____

(Official Position) (Signature)