STATE OF CALIFORNIA **RESOLUTION**DGS OFAM 202 (Revised 08/2019)

Organization Name	Email		Phone Number		Fax Number
County of Siskiyou	ajhendricks@co.siskiyou.c		(530) 842-8003		(530) 842-8013
Address	C	City		State	Zip Code
1312 Fairlane Rd, Suite 1		⁄reka		CA	96097

RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the official(s) and or employee(s) whose name(s), title(s), and signature(s) are listed below shall be and is (are) hereby authorized as our representative(s) to acquire surplus property through the auspices of the California State Agency for Surplus property and accept responsibility for payment of incidental fees by the surplus property agency under the Terms and Conditions accompanying this form or listed on the reserve side of this form."

Name	Title	Signature*	Email
Angela Davis	County Administrator	angela Davis	adavis@co.siskiyou.ca.u
Elizabeth Nielsen	Deputy County Admir	Elizabeth Melsen	enielsen@co.siskiyou.ca
Sherry Lawson	Deputy County Admir	B516321B39E84B3 Sherry Lowson	slawson@co.siskiyou.ca.
Melissa Cummins	Deputy County Admi	B3888F33E1184460 Muissa (ummins	mcummins@co.siskiyou.
Anna Hendricks	Management Analyst	C12DbE73E82DAF2 DocuSigned by: AnnoMoris Hendricks	ajhendricks@co.siskiyou
*All signatures must be	in original form. No copie	ed or stamped signat	ures.
Date Resolution was PA	ASSED and ADOPTED		
Number of AYES Number of N		OES	Number of ABSENT

By checking this box, I do hereby certify that the foregoing is a full, true, and correct resolution adopted by the Governing Board of the above named organization at the meeting thereof held at its regular place of meeting on the date and by the vote above stated, a copy of said resolution is on file in the principal office of the Governing Board.

PRINT

Governing Board Name	Signed By
Siskiyou County Board of Supervisors	Brandon A. Criss, Chair
Signature	Date

STATE AGENCIES ONLY

Date Authorized	State Billing Code	
Chief Administrative Officer Name	Title	Signature