

**California Public Utilities Commission
Local Agency Technical Assistance Program**

**CONSENT FORM
Acknowledgement and Acceptance of Terms**

Applicant Name: County of Siskiyou

Key Project Contact: Elizabeth Nielsen, Deputy County Administrator

The Grantee identified above acknowledges receipt of the California Public Utilities Commission Resolution T-_____ or Award Letter Dated 12/8/2022 and agrees to comply with all grant terms, conditions, and requirements set forth in the Resolution or Approval Letter including those in the Local Agency Technical Assistance Rules.

Undersigned representative of _____ the County of Siskiyou _____ [Name of Grantee] is duly authorized to execute this Consent Form on behalf of the Grantee and to bind the Grantee to the terms, conditions, and requirements set forth in California Public Utilities Commission Resolution T-_____ or Award Letter.

Dated this 3rd day of January, 2023.

Signature of Local Agency/Tribe:

Title _____

Printed Name _____

Organization or Name of Local Agency or Tribe:

County of Siskiyou

Business Address (include street address, suite/apt. number, city, state, and ZIP Code):

1312 Fairlane Road, Yreka CA 96097

Telephone Number: (530) 842-8012 - grant contact phone number

Email Address: enielsen@co.siskiyou.ca.us