

Authorized Agent Signature Authority

AS THE Chair of the Board of Supervisors
(Chief Executive Officer / Director / President / Secretary)

OF THE County of Nevada
(Name of State Organization)

I hereby authorize the following individual(s) to execute for and on behalf of the named state organization, any actions necessary for the purpose of obtaining state financial assistance provided by the California Governor's Office of Emergency Services.

Trisha Tillotson Director of Public Works, OR
(Name or Title of Authorized Agent)

Robin Van Valkenburgh Transit Services Manager
(Name or Title of Authorized Agent)

Signed and approved this _____ day of _____, 20_____

(Signature)