

RESOLUTION 22-

"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 reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE*	E-MAIL ADDRESS
A. Elishia Hayes	County Administrative Officer		Ehayes@co.humboldt.ca.us
Karen Clower	Asst. CAO/Chief Operating Officer		Kclower@co.humboldt.ca.us
William Honsal	Sheriff		Whonsal@co.humboldt.ca.us
Ryan Derby	Emergency Services Manager		Rderby@co.humboldt.ca.us
Thomas Mattson	Public Works Director		Tmattson@co.humboldt.ca.us

***Note: All signatures must be in original form. No copied or stamped signatures**

B. The above resolution was PASSED AND ADOPTED this December day of 20, ,20 22 , by the Governing Board of the:
Humboldt County Board of Supervisors by the following vote: AYES: _____; NOES: ____; ABSENT: _____
 Agency Name

I, _____ Clerk of the Governing Board known as Humboldt County Board of Supervisors

Do hereby certify that the foregoing is a full, true and correct resolution adopted by the governing board of the below named organization at the meeting thereof held at its regular place of meeting on this date and by the vote above stated, a copy of said resolution is on file in the principap office of the Governing Board.

Signed by: _____

County of Humboldt

 Name of Organization
825 Fifth Street

 Mailing Address
Eureka / 95501 Humboldt
 City Zip Code County

NOTE: ALL LOCAL GOVERNMENT & NON-PROFIT INCORPORATED ORGANIZATIONS HAVE A GOVERNING BOARD, THEREFORE COMPLETE ONLY SECTIONS "A" & "B". THE FOLLOWING SECTION "C" IS FOR STATE AGENCIES ONLY

C. AUTHORIZED this _____ day of _____ 20 _____ , by: _____
 Signature of Administrative Officer

 Printed Name of Chief Administrative Officer Title

 Organization Name Street Address

 City ZIP Code County

STATE OF CALIFORNIA AGENCIES ARE REQUIRED TO PROVIDE THEIR STATE BILLING CODE: _____