

**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 reverse side of this form."

NAME (Print or Type)	TITLE	SIGNATURE*	E-MAIL ADDRESS
A.			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

B. The above resolution was PASSED AND ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Governing Board of the:  
 \_\_\_\_\_ by the following vote: AYES: \_\_\_\_\_; NOES: \_\_\_\_\_; ABSENT: \_\_\_\_\_  
 Agency Name

I, \_\_\_\_\_ Clerk of the Governing Board known as \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
 Name of Organization  
 \_\_\_\_\_  
 Mailing Address  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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: \_\_\_\_\_