

Organization Name	Email	Phone Number	Fax Number
Address	City	State	Zip Code

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Date Resolution was PASSED and ADOPTED _____

Number of AYES	Number of NOES	Number of ABSENT
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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.

Governing Board Name	Signed By
Signature	Date

STATE AGENCIES ONLY

Date Authorized	State Billing Code	
Chief Administrative Officer Name	Title	Signature

OFFICE OF FLEET AND ASSET MANAGEMENT

1700 National Drive, Sacramento, CA 95834 | Phone: (916) 928-2550 | Fax: (916) 928-7965