

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

Be it resolved by Board of Commissioners of Island County Fire District #5
(Governing Body) (Public Agency)

That Joseph R. Biller Fire Chief
(Name) (Title)

is hereby authorized to execute for and in behalf of Island County Fire District #5
_____, a public agency established under the laws of the
state of Washington. The purpose of this designation is to be the authorized representative for obtaining federal
and or state emergency or disaster assistance funds.

Passed and approved this 10th day of January, 1991

19 Messard Chairperson
(Name) (Title)

19 Eagle Commissioner
(Name) (Title)

19 Hain Commissioner
(Name) (Title)

(Name) (Title)

(Name) (Title)

CERTIFICATION

I, Delane T. Ryan, duly appointed and District Secretary
(Name) (Title)

of Island Co. Fire Dist. #5, do hereby certify that the above is true and correct copy
(Public Agency)

of a resolution passed and approved by the Board of Commissioners of Island Co. Fire Dist. #5
(Governing Body) (Public Agency)

on the 10th day of January, 1991

Date: 1/10/91

Delane T. Ryan
(Official Position)

19 Ryan
(Signature)

ISLAND CO. FIRE DIST. # 5
P. O. Box 787
Coupeville, WA 98239

Terry Simmonds
Disaster Field Office
FEMA
6717 212th St. S. W.
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