SASP Form No. 202
(01/2011)

DGS CALIFORNIA DEPARTMENT OF GENERAL SERVICES

Governor Edmund G. Brown Jr.

RESOLUTION

"BE IT RESOLVED by the Governing Board, and hereby ordered that the offical(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.	Cody VanDorn	Dept. Admin	[signature]	cvandorn@co.slo.ca.us
	Phill HALEY	BUYER II	[signature]	Phaley@CO.SLO.CA.US

***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: _____

APPROVED AS TO FORM AND LEGAL EFFECT
Warren R. Jensen, County Counsel
By: [signature] 10/3/12
Deputy County Counsel Date

_____
Name of Organization

_____
Mailling 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: _____

OFFICE OF FLEET AND ASSET MANAGEMENT | *State of California* | *State and Consumer Services Agency*
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