Print Form

DESIGNATION OF APPLICANT AGENT

SNOW REMOVAL POLICY 2009-2

Ensuring a safe and secure homeland for all North Dakotans

State Snow Removal Assistance (2009)

(Name of Applicant)

(County)

(Name of Applicant's Agent)

(Business Phone)

(Applicant Agent's Title)

(Home Phone)

(Business Address)

(Cell Phone)

(City, State, Zip Code)

(Fax Number)

(E-mail)

(Applicant's Agent) is hereby authorized to execute for and in behalf of

(Applicant) and to file it with the North Dakota Department of Emergency Services (NDDES) for the purpose of obtaining State financial assistance under the State Executive Order 2009-2.

That (Applicant) hereby authorizes its agent to provide to the North Dakota Department of Emergency Services for all matters pertaining to such State snow removal assistance application.

Approved By:

(Please Print Name of the Chief Elected Official/ Chairman, Mayor)

(Please Print Title)

(Signature of Chief Elected Official/Chairman, Mayor)

(Date)

NDDES
Homeland Security
State Radio

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