



RESOLUTION #1705

"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. Dave Pedroli	Dir. M&O		dpedroli@srcs.org
Doug Marquand	Asst. Supt, Bus.		dmarquand@srcs.org
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

B. The above resolution was PASSED AND ADOPTED this 14th day of Nov., 20 16, by the Governing Board of the:
San Rafael City Schools by the following vote: AYES: _____; NOES: _____; ABSENT: _____
Agency Name

I, Michael Watenpaugh Clerk of the Governing Board known as San Rafael City Schools

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 principal office of the Governing Board.

Signed by: _____

San Rafael City Schools

Name of Organization

310 Nova Albion Way

Mailing Address

San Rafael

City

/ 94903 /

Zip Code

Marin

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: _____