

ARIZONA DIVISION OF EMERGENCY MANAGEMENT DESIGNATION OF APPLICANT'S AGENT FORM

The intent of this DESIGNATION is to appoint an APPLICANT'S AGENT for the following term:

- For PCA No. _____ only For the period of ____ to ____ Until further notice
 Until further notice for HAZMAT incident

Applicant Name: CITY OF GLENDALE

CERTIFICATION

I, BRENDA FISCHER, duly appointed and CITY MANAGER of
(Authorizing Official's Name) (Title)

CITY OF GLENDALE, do hereby certify that the information below is true
(Applicant Name)

and correct, based on a resolution passed and approved by the GLENDALE CITY COUNCIL
(Governing Body)

of CITY OF GLENDALE on the _____ day of _____,
(Applicant Name) (day) (month) (year)

CITY OF GLENDALE EMERGENCY MANAGER has been designated as the Applicant Agent
(Name of Designated Applicant Agent)

to act on behalf of CITY OF GLENDALE
(Applicant Name)
CITY MANAGER
(Authorizing Official's Signature) (Title) (Date)

Designated Applicant's Agent

Name TIM WAYNE

Title/Official Position CITY OF GLENDALE EMERGENCY MANAGER

Mailing Address 11550 W GLENDALE AVE

City, State, Zip GLENDALE, AZ 85307

Daytime Telephone Number 623.872.5002 Fax 623.972.5095
(Please include area code and extension if not a direct number)

E-mail Address TWAYNE@GLENDALEAZ.COM Pager/Cell 602.510.0671

For ADEM Use Only

Received By: _____
(Initials & Date)

July 2000

Form # AZ PA 204-4