STATE OF KANSAS DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Printed Name:	The person named below	is the Authorized Represen	ntative for(Applicant's Name)
Title:	Printed Name:		Signature:
Address:			
Business Phone: Fax #:			
Home Phone:			
E-mail Address:			
Person named above can sign and file documents with Kansas Division of Emergency Management (KDEM) for the purpose of obtaining Federal/State financial assistance under the Disaster Relief Act (P 93-288, as amended) or otherwise available from the President's Disaster Relief Fund and KSA 48-938. Resubmit a new designation when your authorized representative changes. Others that may provide information in these matters are: Chief Financial Officer: Name: Title: Organization: Address: City: State/Zip: Home Phone: Cell Phone: Fax #: Home Phone: Cell Phone: E-mail: Name of Appointing Authority (Please Print)			
Name:Title:Organization:Address:City:State/Zip:	93-288, as amended) or o	otherwise available from the	e President's Disaster Relief Fund and KSA 48-938.
Address:City:State/Zip:	Others that may provide	information in these matters	s are: Chief Financial Officer:
Business #:Fax #:Home Phone: Cell Phone:E-mail: Name of Appointing Authority (Please Print)	Name:	Title:	Organization:
Cell Phone: E-mail: Name of Appointing Authority (Please Print)	Address:	City:	State/Zip:
Name of Appointing Authority (Please Print)	Business #:	Fax #:	Home Phone:
	Cell Phone:	E-mail:	
Signature	Name of Appointing	Authority (Please Print)	-)
Signature			
	Signature		-
Date			