

STATE OF KANSAS
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

The person named below is the Authorized Representative for _____
(Applicant's Name)

Printed Name: _____	Signature: _____
Title: _____	Organization: _____
Address: _____	City: _____ State/Zip: _____
Business Phone: _____	Fax #: _____
Home Phone: _____	Cell 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 (PL 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: _____
Business #: _____	Fax #: _____	Home Phone: _____
Cell Phone: _____	E-mail: _____	

Name of Appointing Authority (Please Print)

Signature

Date