

SIGNATURE PAGE
OMNIBUS INTER-COUNTY MUTUAL AID AGREEMENT
2010 REVISION

IN WITNESS WHEREOF, the PUBLIC ENTITY _____ (PARTY COUNTY) has caused this OMNIBUS AGREEMENT for Emergency Assistance to be executed by duly authorized representatives as of the date of their signatures below:

Signature of Officer	Date	Officer's Title
Signature of Officer	Date	Officer's Title
Signature of Officer	Date	Officer's Title
Signature of Counsel	Date	Counsel's Title

Name and title of primary Contact Representative: _____	Name and title of alternate Contact Representative: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

1. Send the **original OMNIBUS AGREEMENT Signature Page** (this page) for further distribution, to:
 Krista Carter, Emergency Management Program Coordinator
 Marion County
 5155 Silverton Road NE, Salem, Oregon 97305
 (503) 588-5108
kkcarter@co.marion.or.us
2. Retain a **second original OMNIBUS AGREEMENT Signature Page** for your records (two sets are required)