

SIGNATURE PAGE
OMNIBUS INTER-COUNTY MUTUAL AID AGREEMENT
2025 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

<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Name and title of primary Contact Representative: _____</div><div style="width: 45%;">Name and title of alternate Contact Representative: _____</div></div> <div style="margin-top: 10px;">Address: _____ _____</div> <div style="margin-top: 10px;">Phone: _____</div> <div style="margin-top: 10px;">Fax: _____</div> <div style="margin-top: 10px;">E-mail: _____</div>	<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Name and title of alternate Contact Representative: _____</div><div style="width: 45%;">Name and title of primary Contact Representative: _____</div></div> <div style="margin-top: 10px;">Address: _____ _____</div> <div style="margin-top: 10px;">Phone: _____</div> <div style="margin-top: 10px;">Fax: _____</div> <div style="margin-top: 10px;">E-mail: _____</div>
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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)