## SIGNATURE PAGE

## **OMNIBUS INTER-COUNTY MUTUAL AID AGREEMENT** 2010 REVISION

	IN WITNESS WHEREOF, the Public Entity
	authorized representatives as of the date of their signatures below:
	ABSEN7  Signature of Officer  Date  Officer's Title
/	Signature of Officer Date Commissions Officer's Title
	Signature of Officer Date Commissioner 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: 1115 JACKSON ST. SE Address: 1115 JACKSON STREETSET,  ALBANY, OR 97322  ALBANY, OR 97322
	Phone: 541-967-3911 Phone: 541-967-3954
	Fax: 541-967-8169 Fax: 541-967-8169
	E-mail: jhowel@le.linn.oR.us
	1. Send the <b>original OMNIBUS AGREEMENT Signature Page</b> (this page) for further distribution, to:

Krista Rowland, Emergency Management Program Coordinator Marion County 5155 Silverton Road NE, Salem, Oregon 97305 (503) 588-5108

krowland@co.marion.or.us

2. Retain a second original OMNIBUS AGREEMENT Signature Page for your records (two sets are required)