RENEWAL

APPLICATION FOR ELIGIBILITY FEDERAL PROPERTY UTILIZATION PROGRAM UNDER P.L. 94-519

Dept. of General Services Federal Surplus Property 1655 Salem Industrial Dr. NE Salem, OR 97310 378-4714

AUTHORIZATION OF PARTICIPANTS

Executive No. KA 0090 aurora, city of

RESOLUTION NO. 194

"BE IT RESOLVED by the Governing Board, OR by the Chief Administrative Officer of those organizations which do not have a governing board, and hereby ordered that the official(s) and/or employee(s) whose name(s), title(s), and signature(s) is (are) listed below shall be and is (are) hereby authorized as our representative(s) to acquire federal surplus property from the Oregon State Agency for Surplus Property under the Terms and Conditions listed on the reverse side of this form."

NAME (Print or Type)	T	TLE	SIGNATURE
Richard A. Johnson	Public Works	Superintendent	Ascha Halinson
Loren L. Lindsay	Police	oka Rave – 1 S. Chang	Lein I Lindsey
Janice N. Vlcek	City Record	ler	Sance N. Vlce
Gaylle Gregory	City Clerk	ya baaya aa c	Saylle Thegory
PASSED AND ADOPTED this of _ the City of Aurora		April	, 19_90_, by the Governing Board
Janice N. Vlcek	e engelt mergalamake eng best 7 noovite aans Vanassa	eda a wajawa sa pada mala a mili A a padama wasana	, Clerk of the Governing Board of
the City of Aurora		do hereby cer	tify that the foregoing is a full, true and
correct copy of a resolution adopted meeting at the date and by the vote	d by the Board at a1 e above stated, which r	esolution is on file i	reting thereof held at its regular place of in the office of the Board.
City of Aurora Name of organization			nice 11. July
P.O. Box 100			
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	002-0100	[Signed]	sand E. Engels
City County OR	ZIP Code	124 Tab	(Legally Authorized Official) Mayor
	day of	r unit, and later	9, by:
Linear Control and Control of the Control			inakara, masada a jahan ilaman para jahan da eti. Makara, masada a jahan ilaman paka dega matan eti.
Name of chief administrative	officer	Andrew Street, 1965 - Street Street, 1965 - Street,	Title
Name of organization	LANGETT BUATTERA		
Esta factor alconolidad and and	res hortunative distri		
Mailing address		[Signed]	
City County	ZIP Code	[Signed]	(Legally Authorized Official)
	FOR STATE	AGENCY USE	Name where the first was reported to the control of
1. Applicant is approved as a:	Public Agency		
) in the supplies that the first the constitution	Nonprofit Educational Institution		
Nonprofit Public Health Institution 2. Applicant is not approved: Comment:			tage , share a series of the control of the
Care against the against a care of		san the lead to be a final track	to the aminimum broad and ewe had a committee
Date			State Agency Approving Officer