Property & Supply Bureau Surplus Property Programs P O Box 200137 Helena, MT 59620-0137 (406) 444-4514

RESOLUTION #824

BE IT RESOLVED THAT:	CITY OF POLSON			
	(Print Legal Name of Applicant Organiza	ation)		
TREET ADDRESS:	106 FIRST STREET EAST	City:	POLSON	MT 59 <u>860.</u>
AILING ADDRESS:	P.O. BOX 238		Polson	
AILING ADDRESS:	and the second s	City:		MT 59_860
HONE NUMBER:	406-883-8200	FAX NUMBE	R: <u>406-883-8</u>	238
MAIL ADDRESS:				
nd its funds to the extent he employee(s) whose na) by the Chief Administration Officer, inecessary to comply with the TERMS ime(s) and signature(s) appears on the Montana, Property & Supply Bureau f	and CONDITIONS li nis document is (are)	sted on the revers authorized to acq	e side of this form.
E IT FURTHER RESOLVED roperty & Supply Bureau a nange or rescind said Res	THAT this certified copy of the Resonant the same remain in effect until work olution.	lution shall be subm ritten notice is given	tted to the State of to the Property &	of Montana, Supply Bureau to
ERTIFICATION: I,	Michael Lies, hairman of the Board (or) Administrative Office		hereby o	ertify that I am the
(Cl	``			
(Title)	Mayorof t	he <u>City of Po</u>	olson ome of Governing Board	d)
f the above applicant that	the foregoing is	(rui Legarite	"Ne or covering board	
convened (2) meeting of the said present. R 2) an executive action tak	d board on theday of en by me on theday, of		, 2001 at w	hich a quorum was
/			, 2001.	
TGNATURE //	The first to		, 2001.	
IGNATURE: //	hairman of the Board (or) Administrative Office		, 2001.	
IGNATURE: (C	The fire to	er)		· · · · · · · · · · · · · · · · · · ·
(C	hairman of the Board (or) Administrative Office AUTHORIZED AGENTS AND THE	er)	required)	Bulletin Mailing
YPE OR PRINT NAME:	hairman of the Board (or) Administrative Office AUTHORIZED AGENTS AND THE	er) :IR SIGNATURES (required) 1ENT:	Bulletin Mailing
YPE OR PRINT NAME: John Campbell	AUTHORIZED AGENTS AND THE SIGNATURE	er) IR SIGNATURES (DEPARTN	required) 1ENT:	
TYPE OR PRINT NAME: John Campbell Rod Hanson	hairman of the Board (or) Administrative Office AUTHORIZED AGENTS AND THE	er) I R SIGNATURES (DEPARTN Water/Se	required) 1ENT:	yes □ no
YPE OR PRINT NAME: John Campbell Rod Hanson Larry Newlin	AUTHORIZED AGENTS AND THE SIGNATURE OFFICE AGENTS AND THE	er) IR SIGNATURES (DEPARTN Water/Se Street	required) 1ENT:	yes □ no
YPE OR PRINT NAME: John Campbell Rod Hanson Larry Newlin Mike Lies	AUTHORIZED AGENTS AND THE SIGNATURE OFFICE AGENTS AND THE	er) IR SIGNATURES (DEPARTM Water/Se Street Golf	required) 1ENT: wer	yes □ no y≰yes □ no y⊈yes □ no
TYPE OR PRINT NAME: John Campbell Rod Hanson	AUTHORIZED AGENTS AND THE SIGNATURE OF THE STATE OF THE	er) IR SIGNATURES (DEPARTN Water/Se Street Golf Mayor	required) 1ENT: wer	y≰yes □ no