



CALIFORNIA  
J · P · I · A

### CERTIFICATION OF DIRECTOR AND ALTERNATE(S)

I hereby certify that as of this date, the Official Minutes and Records of the City Council of the City of \_\_\_\_\_ (please print agency name) confirm that the following persons have been appointed to represent the City of \_\_\_\_\_ (please print agency name), in accordance with the provisions of Article 7 of the CALIFORNIA JOINT POWERS INSURANCE AUTHORITY Joint Powers Agreement.

DIRECTOR (Council Member):

_____	_____	_____
Name	Title	email address

ALTERNATE(S) (one or more, may be Council Member or staff):

_____	_____	_____
Name	Title	email address

_____	_____	_____
Name	Title	email address

_____	_____	_____
Name	Title	email address

_____	_____	_____
Name	Title	email address

\_\_\_\_\_  
City Clerk signature

\_\_\_\_\_  
City (please print agency name)

\_\_\_\_\_  
Date