

**IGA FOR THE SHARING OF FIRE AGENCY PERSONNEL WITHIN CLACKAMAS
COUNTY WHEN PERSONNEL ARE UNABLE TO GET TO THEIR NORMAL
REPORTING LOCATION
SIGNATURE PAGE**

In Witness Whereof, the Public Entity _____ (Party) has caused this Agreement to be executed by its duly authorized representatives as of the date of their signatures below:

Signature of Officer	Date	Officer's Title
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Signature of Counsel	Date	Counsel's Title
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Name and title of primary Contact Representative:	
Address:	
Phone:	
Email:	

Name and title of alternate Contact Representative:	
Phone:	
Email:	

1. Mail the original signed **IGA Signature Page** (this page - actual hard copy page) to:
 Outreach and Technology Coordinator – Jamie Poole
 Clackamas County Disaster Management
 2200 Kaen Road, Oregon City, OR 97045
 E-mail: jpoole@clackamas.us
 Telephone: (503) 655-8838
2. Retain a second original signed **IGA Signature Page** for your records.