AMENDED APPLICANT AGENT DESIGNATION			
Application Identifier:	Disaster Number:		
Legal Applicant Recipier	ıt:		
Applicant's Name	<u>. </u>		
Street Address:			
Mailing Address:		County:	
City:	State:	Zip Code:	
Applicant Agent/Alterna	te:	Phone Numbers:	
Name:		Work ()	
Title:		Fax ()	
E-Mail Address			
Signature:		Date:	

Instructions for appointing a new applicant agent

- 1. Fill out the blocks above using data from the original Disaster Assistance Application and the name and title of the new applicant agent.
- 2. Have the new applicant agent or alternate sign and date in the appropriate spaces.
- 3. Fill out and return the Designation of Applicant's Agent Resolution form or letter with this Amended Applicant Agent Designation Form.
- 4. A letter may be substituted for the Designation of Applicant's Agent Resolution. It should be from the highest authority of the public agency, (i.e.) Mayor, City Manager, or State Agency Director, etc. One may <u>not</u> appoint oneself as applicant agent.