

## DESIGNATION FORM

Pursuant to the provisions of the Agreement creating the Association of Central Oklahoma Governments (ACOG), under authority of the Interlocal Cooperation Act, this form serves as notice to ACOG that the Board of Trustees/City Council/Board of County Commissioners has duly selected its voting delegate and alternate(s) to serve as its representative to one or more of the following Boards and/or Committees:

☐ ACOG Board of Directors (BOD)

☐ 911 ACOG Board of Directors (BOD)

☐ ACOG MPO Policy Committee (PC)

☐ Garber-Wellington Association  
Policy Committee (GWAPC)

The following designated voting delegate, and in his/her absence, either of the listed alternates, shall have all the voting privileges and rights as established in the Agreement creating ACOG. Let this form further witness that both the regular voting delegate and the alternates are elected official(s) of the governing body of: \_\_\_\_\_

### Designated Delegate:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Office Title: \_\_\_\_\_ Employment/Profession: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### Alternate:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Office Title: \_\_\_\_\_ Employment/Profession: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

### Alternate:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Office Title: \_\_\_\_\_ Employment/Profession: \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: ☐ Mayor ☐ Chairman - County Commissioners ☐ City Clerk ☐ County Clerk

Please return this signed form to [bgarner@acogok.org](mailto:bgarner@acogok.org), or mail to:

Association of Central Oklahoma Governments  
4205 N. Lincoln Blvd.  
Oklahoma City, OK 73105

**acog**