

**Auditor-Controller
Treasurer-Tax Collector**
County of Sonoma
585 FISCAL DRIVE
SUITE 100
SANTA ROSA, CALIFORNIA
95403-2819
(707) 565-2631
FAX (707) 565-3489

DONNA DUNK
INTERIM AUDITOR-CONTROLLER
TREASURER -TAX COLLECTOR

PAM JOHNSTON
ASSISTANT
TAX COLLECTOR/AUDITOR

JONATHAN KADLEC
ASSISTANT
TREASURER

TO:
FROM: Claims Section Accounting Division
DATE:
SUBJECT: Signature Authorization Form – Requirement for Claims Verifications

It is necessary that this office have the following information from your organization. Original signatures are needed for claim verifications. You may contact me at (707) 565-3282 with any questions. Your prompt attention is greatly appreciated.

District Signature Authorization

OFFICIAL NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____
Street
 _____, CA _____
City *Zip Code*

CONTACT TELEPHONE: **FIRST CHOICE:** _____
Name *Telephone No.*
SECOND CHOICE: _____
Name *Telephone No.*

Board Members

- | | | | | |
|----|-----------------|---------------------|------------------------------|----------------------|
| 1. | <i>Position</i> | <i>Printed Name</i> | <i>Signature</i> | <i>Term Expires</i> |
| | <i>Address</i> | | <i>City, State, Zip Code</i> | <i>Telephone No.</i> |
| 2. | <i>Position</i> | <i>Printed Name</i> | <i>Signature</i> | <i>Term Expires</i> |
| | <i>Address</i> | | <i>City, State, Zip Code</i> | <i>Telephone No.</i> |
| 3. | <i>Position</i> | <i>Printed Name</i> | <i>Signature</i> | <i>Term Expires</i> |
| | <i>Address</i> | | <i>City, State, Zip Code</i> | <i>Telephone No.</i> |
| 4. | <i>Position</i> | <i>Printed Name</i> | <i>Signature</i> | <i>Term Expires</i> |
| | <i>Address</i> | | <i>City, State, Zip Code</i> | <i>Telephone No.</i> |
| 5. | <i>Position</i> | <i>Printed Name</i> | <i>Signature</i> | <i>Term Expires</i> |
| | <i>Address</i> | | <i>City, State, Zip Code</i> | <i>Telephone No.</i> |