



# State of California Secretary of State

FILE NO. \_\_\_\_\_

## NOTICE OF A JOINT POWERS AGREEMENT

(Government Code section 6503.5)

**Instructions:**

1. Complete and mail to: Secretary of State, P.O. Box 942870, Sacramento, CA 94277-2870.
2. Include filing fee of \$1.00.
3. Do not include attachments, unless otherwise specified.
4. A copy of the full text of the joint powers agreement and amendments, if any, must be submitted to the State Controller's office. For address information, contact the State Controller's office at [www.sco.ca.gov](http://www.sco.ca.gov).

(Office Use Only)

Name of the agency or entity created under the agreement and responsible for the administration of the agreement:

\_\_\_\_\_

Agency's or Entity's Mailing Address: \_\_\_\_\_

Title of the agreement: \_\_\_\_\_

The public agencies party to the agreement are (if more space is needed, continue on a separate sheet and attach it to this form):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Effective date of the agreement: \_\_\_\_\_

Provide a condensed statement of the agreement's purpose or the powers to be exercised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME

[

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\_\_\_\_\_

Date

ADDRESS

\_\_\_\_\_

Signature

CITY/STATE/ZIP

[

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\_\_\_\_\_

Typed Name and Title