

**ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS  
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE FORM**

The intent of this DESIGNATION is to appoint an APPLICANT'S AUTHORIZED REPRESENTATIVE for the following:

Select program(s)  Public Assistance  HMA Mitigation Program  SEC Mitigation  
Select duration  Until further notice  Only Event \_\_\_\_\_  From \_\_\_\_\_ to \_\_\_\_\_

Applicant: Pinal County

**CERTIFICATION**

I, Jeff Serdy, duly appointed and Chairman of  
(Authorizing Official's Name) (Title)

Pinal County, do hereby certify that the information below is true and correct,  
(Applicant)

based on a resolution passed and approved (**attached**) by the board of Supervisors  
(Governing Body)

of Pinal County on the 1<sup>st</sup> day of November, 2023.  
(Applicant) (day) (month) (year)

Kore Redden has been designated as the Applicant's Authorized Representative  
(Name of Designated Applicant's Authorized Representative)

to act on behalf of Pinal County.  
(Applicant)

\_\_\_\_\_  
(Authorizing Official's Signature) Chairman Nov 1<sup>st</sup>, 2023  
(Title) (Date)

*This document MUST be accompanied by a copy of the Resolution or Meeting Minutes by your governing board which designated the Applicant's Authorized Representative.*

**Designated Applicant's Authorized Representative**

Name Kore Redden  
Title/Official Position Emergency manager / Deputy Director  
Full Mailing Address P.O. Box 747, Florence, AZ 85132  
Email Address kore.redden@pinal.gov  
Daytime Telephone Number 520-816-7331 Cell 520-8251-2850  
(Please include area code and extension if not a direct number)

**For DEMA Use Only**

Received By: \_\_\_\_\_  
(Initials & Date)

January 2023

Form #AZ PA 204-4

ARIZONA DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS

DESIGNATION OF ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE FORM

The intent of this DESIGNATION is to appoint an ALTERNATE APPLICANT'S AUTHORIZED REPRESENTATIVE for the following:

Select program(s) [X] Public Assistance [X] HMA Mitigation Program [ ] SEC Mitigation
Select duration [X] Until further notice [ ] Only Event [ ] From to

Applicant: Pinal County

CERTIFICATION

I, Jeff Serdy, duly appointed and Chairman of Pinal County

Pinal County, do hereby certify that the information below is true and correct,

based on a resolution passed and approved (attached) by the board of supervisors of Pinal County

on the 1st day of November, 2023

Courtney Prock has been designated as the Alternate Applicant's Authorized Representative to act on behalf of Pinal County

Representative to act on behalf of Pinal County

Chairman, Nov. 1st, 2023

This document MUST be accompanied by a copy of the Resolution or Meeting Minutes by your governing board which designated the Alternate Applicant's Authorized Representative.

Designated Alternate Applicant's Authorized Representative

Name Courtney Prock

Title/Official Position Operations manager

Full Mailing Address P.O. Box 747, Florence, AZ 85132

Email Address Courtney.prock@pinal.gov

Daytime Telephone Number 520-840-6479 Cell 520-840-2115

For DEMA Use Only

Received By: (Initials & Date)

January 2023

Form #AZ PA 204-4