

**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 25 day of January, 2023.  
(Applicant) (day) (month) (year)

Andrew Smith 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 01/25/2023  
(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 Andrew Smith

Title/Official Position Public Works Director

Full Mailing Address P.O. Box 727, Florence, AZ 85132

Email Address andrew.smith@pinal.gov

Daytime Telephone Number 520.846.6407 Cell 520.424.1954  
(Please include area code and extension if not a direct number)

**For DEMA Use Only**

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

March 2020

Form #AZ PA 204-4