

MINNESOTA DELEGATION/RESCISSION OF AUTHORITY

This document is a public record and is available for public inspection.
Please read the instructions on the back of this form before completing it.

1. DEPARTMENT (AGENCY, BUREAU, ETC.)

Office of Strategic and Long Range Planning

2. NAME OF DESIGNEE (INCLUDE TITLE)

Christine M. Scotillo, Executive Director
Municipal Boundary Adjustments

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

Jack Uldrich, Acting Director

4. Choose one of the following actions:

I hereby **DELEGATE** the powers and/or duties listed in No. 6 to the above named designee, effective:

11 8 2002
Month Day Year

I hereby **RESCIND** all prior delegations of authority on file for the above named person effective:

____ Month Day Year

5. AUTHORITY CITED: Pursuant to: *M.S. 15.06, Subd. 6* Pursuant to: *M.S. 16C.03, Subd. 16*
(Please check all that apply) Pursuant to: *M.S. 414.01, subd 7a* (By the Commissioner of Administration)

6. If you are delegating powers and/or duties, mark the appropriate line(s) below.

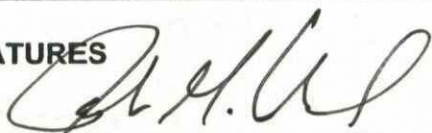
____ EXECUTE CONTRACTS
(Provide details below)

____ SIGN PURCHASING DOCUMENTS
(Provide details below)

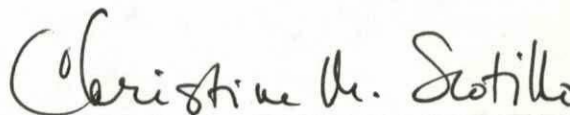
OTHER (Provide details below)

DETAILS I do hereby delegate to the named designee any and all statutory authority conferred on me by Minnesota Statutes Chapter 414, including full authority to act for me to review and approve petitions, ordinances, conduct hearings, issue orders or delegate cases appropriately. The named designee shall devote full time to the duties of the Director relating to any matter arising under Chapter 414. All correspondence and petitions shall be addressed to the named designee who is charged with conducting the administrative affairs of the Director related to Chapter 414.

7. SIGNATURES



DELEGATING/RESCISSION AUTHORITY



DESIGNEE

8. Copies to:

RESERVED FOR USE BY THE SECRETARY OF STATE



0301518

INSTRUCTIONS

1. List the name of your agency. Delegations are filed in the Office of the Secretary of State by agency name.
2. Record the name of the person to whom authority is being delegated. Within each agency's file, delegations are filed by individual name, so only one name can be presented on each delegation form.
3. List the full name and the title of the person delegating or rescinding the specified duties and/or powers. This person will sign the form in No. 7.
4. Check one box either to delegate duties and/or powers or to rescind all delegated duties and/or powers under a previous delegation.

File a rescission of authority with the Secretary of State as soon as possible after a delegation is no longer in effect; such as when an employee leaves the department.

When a department delegates or rescinds the authority to execute contracts, send a copy of the filed delegation or rescission to Contract Legal Assistant, Office of the Attorney General, Public Finance Division & Opinions, 525 Park St., #200, St. Paul, MN 55103.

5. *Minnesota Statutes Sections 15.06, subdivision 6* contains a general grant of authority to delegate duties and/or powers. Your agency may have additional authority for delegations, consult the *Minnesota Statutes* governing your agency. The Commissioner of Administration also has authority in *Minnesota Statutes section 16C.03, subdivision 16* to delegate responsibilities concerning contracts to your agency.
6. If you are filing a delegation, mark and describe the duties and/or powers that are being delegated. If you are delegating a responsibility that is not listed, mark the "other" line and describe the delegation. **When delegating the signing of purchasing documents, please contact the Department of Administration, Materials Management Division, (612)296-2600 for further instructions.**
7. Both the delegator and the designee must sign the delegation. If a rescission is being filed, only the delegator is required to sign.
8. If you need to notify other departments or agencies of this delegation or rescission, please list the agency names in the copy section.

You must present the original and all copies to the Office of the Secretary of State. The Secretary of State's Office will date stamp all of the copies you have submitted and return them to you for distribution. The original will be kept for filing.

Submit to the Secretary of State at:

Secretary of State
180 State Office Bldg.
100 Constitution Ave.
St. Paul, MN 55155-1299

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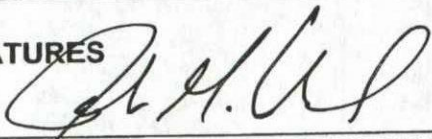
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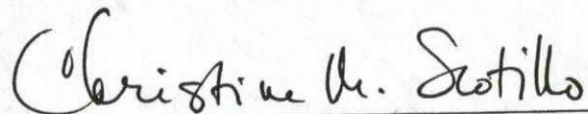
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