

**Mississippi Office of Highway Safety
Designation of Secondary Signatory Official**

The following person is officially appointed to represent the jurisdiction as the *Secondary Signatory Official* and is hereby duly authorized to fulfill the terms of this Cooperative Agreement during the performance period on behalf of the *Sub-grantee*.

Name: _____ Title: Sheriff of Madison County
(Designated Signatory Official)

Organization Name: Madison County Board of Supervisors

Mailing Address: 2941 Highway 51

City: Canton Zip Code: 39046

Telephone Number: (601) 859-2345 Fax Number: (601) 855-0770

Cellular Number: (601) 720-5498 Pager Number: () _____

Email Address: mark.sandridge@madison-co.com

Appointed by Authorizing Official: _____ Date: _____
(Mayor, Board President) (Print Name)

Signature: _____ Title: President of MC B.o.S