



**Tri-County Schools Insurance Group**

1176 Live Oak Boulevard, Suite A • Yuba City, CA 95991  
(530) 822-5299 • Toll-Free (866) 822-5299 • Fax (530) 822-5284

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## DESIGNATION OF DELEGATE to the JPA

I, \_\_\_\_\_, \_\_\_\_\_  
*Your Name* *Position & District or City or County*

Designate \_\_\_\_\_ as the Designated Delegate

To

Tri-County Schools Insurance Group’s Joint Powers Board

And

\_\_\_\_\_ as the Designated Alternate

Date: \_\_\_\_\_  
*Signature*

*Both the delegate and the alternate must be Employees of the Member appointing them, and each must be either an administrator or management level Employee of the Member, except that the alternate may be a confidential Employee.*