

DESIGNATION OF REPRESENTATIVE

TO DIRECTOR

COUNTY DEPARTMENT OF SOCIAL SERVICES

DEAR SIR:

I HEREBY DESIGNATE _____
Name of Individual, Firm, or Agency (1)

OF _____
Address

_____ City _____ State _____ Zip

(OFFICE PHONE: _____.) AS MY REPRESENTATIVE WITH FULL
AUTHORITY TO DO THE FOLLOWING ON MY BEHALF:

- * 1. TO REQUEST A CONFERENCE WITH YOU OR YOUR STAFF TO DISCUSS MY CASE.
- 2. TO REPRESENT ME AT ANY SUCH CONFERENCE.
- 3. TO EXAMINE THOSE DOCUMENTS IN YOUR FILES CONCERNING MY CASE PURSUANT TO RULES 1714.2 (CONCERNING RELEASE OF INFORMATION 4723.21 (CONCERNING RIGHT TO BE REPRESENTED, B-400.53, (CONCERNING FOOD STAMP CONFIDENTIALITY, 4724.1 (CONCERNING REPRESENTATIVE DESIGNATION).
- 4. TO REQUEST A HEARING.

I REALIZE THAT I AM ENTITLED TO ONLY ONE REPRESENTATIVE AT A TIME. ACCORDINGLY, THIS DESIGNATION OF REPRESENTATIVE REVOKES ALL PRIOR DESIGNATIONS MADE BY ME.

THIS DESIGNATION OF REPRESENTATIVE IS INVALID UNLESS IT BEARS A CURRENT DATE. IT WILL EXPIRE SIX MONTHS FROM THE DATE SHOWN BELOW UNLESS I NOTIFY YOU THAT I HAVE REVOKED IT EARLIER.

Date

Signed

Number

• If a firm or agency, rather than an individual, is designated as a representative on this form. Any person presenting this form to the county department must also provide satisfactory identification or proof that he or she is authorized to represent the firm or agency.