



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.)

2. NAME OF DESIGNEE (INCLUDE TITLE)

3. PERSON DELEGATING/RESCINDING (INCLUDE TITLE)

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:

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

Month Day Year

Month Day Year

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

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

_____ EXECUTE CONTRACTS

_____ SIGN PURCHASING DOCUMENTS

(Provide details below)

(Provide details below)

_____ OTHER (Provide details below)

DETAILS _____

7. SIGNATURES

DELEGATING/RESCINDING AUTHORITY

DESIGNEE

8. Copies to:

RESERVED FOR USE BY THE SECRETARY OF STATE

