



XII. NOTICES

All notices given under this Membership Agreement, except for emergency service requests, will be made in writing. All notices will be sent to the Member agencies as follows: (fill in all gray fields, as applicable)

Agency Name Bear Creek Fire Service Area
POC Name Chief Richard Brackin
Address 1 P.O. Box 1565
Address 2 _____
City Seward
Zip code 99664
Phone 907-224-9201
Cell 334-414-1174
Fax: 907-224-3344
Attention Chief Richard Brackin
E-mail RBrackin@kpb.us

Execution of this Membership Agreement may only be made by a duly authorized representative of the Member agency/local unit of government. By signing, agencies acknowledge understanding and acceptance of all terms and conditions of membership. This Membership Agreement shall become effective as of the date of the last signature.

AUTHORIZED MEMBER SIGNATORY:

Agency Name Bear Creek Fire Service Area
Representative Name Richard Brackin
Representative Title Chief
Signature *Richard Brackin*
Date 8/4/2022

AUTHORIZED PARTY SIGNATORY:

Entity Name State of Alaska
Representative Name Mr. Scott Stormo
Representative Title Telecommunications System
Manager
Signature _____
Date _____

CERTIFYING OFFICIAL:

Representative Name: Mr. Charlie Pierce
Title: Borough Mayor
Signature/date: *CP*