



State of California Secretary of State

FILE NO. _____

AMENDMENT OF A JOINT POWERS AGREEMENT

(Government Code section 6503.5)

Instructions:

1. Complete and mail to: Secretary of State, P.O. Box 942870, Sacramento, CA 94277-2870.
2. Include filing fee of \$1.00.
3. Do not include attachments.
4. A copy of the full text of the joint powers agreement and amendments, if any, must be submitted to the State Controller's office. For address information, contact the State Controller's office at www.sco.ca.gov.

(Office Use Only)

Date of filing initial notice with the Secretary of State: _____

File number of initial notice: _____

Name of the agency or entity created under the agreement and responsible for the administration of the agreement: _____

Agency's or Entity's Mailing Address: _____

Title of the agreement: _____

Complete one or more boxes below. The agreement has been amended to:

Change the parties to the agreement as follows: _____

Change the name of the administering agency or entity as follows: _____

Change the purpose of the agreement or the powers to be exercised as follows: _____

Change the short title of the agreement as follows: _____

Make other changes to the agreement as follows: _____

RETURN ACKNOWLEDGMENT TO: (Type or Print)

NAME [_____]

_____ Date

ADDRESS [_____]

_____ Signature

CITY/STATE/ZIP [_____]

_____ Typed Name and Title