



G.C.S.D. Services - 209/962-7161  
Fire Department - 209/962-7891

water • fire protection • parks • wastewater collection & treatment

18966 Ferretti Road P.O. Box 350 Groveland, CA 95321-0350

FILED

DATE 5/17/01

IN THE OFFICE OF  
GROVELAND COMMUNITY  
SERVICES DISTRICT

By Carol A. Carlson  
SECRETARY

RESOLUTION NO. 7-01

A RESOLUTION REQUESTING  
CONSOLIDATION OF ELECTIONS

BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE GROVELAND  
COMMUNITY SERVICES DISTRICT of Groveland, County of Tuolumne,  
State of California, as follows:

The Board of the Groveland Community Services District  
hereby requests that a consolidation of their election be held  
November 6, 2001, with the General Election and any other district  
or school district calling an election at the same time pursuant to  
Elections Code Section 23300, 23557, 23557.5 and Government Code  
Section 36503.5 and that the County Clerk conduct this election.

PASSED AND ADOPTED by the Board of Directors of the  
Groveland Community Services District, the 14th of May, 2001 by  
the following vote:

- AYES: DIRECTORS: Norris, Myers, Henderson, Powell
- NOES: DIRECTORS: None
- ABSENT: DIRECTORS: Moisenco

Jennifer N. Norris  
Jennifer N. Norris, President

ATTEST:  
Carol A. Carlson  
Carol A. Carlson, Secretary

RESOLUTION NO.: \_\_\_\_\_ DATED: \_\_\_\_\_

**A RESOLUTION AUTHORIZING APPLICATION  
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA  
FOR A CERTIFICATE OF CONSENT TO SELF INSURE  
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Board of \_\_\_\_\_  
(enter title)

of the \_\_\_\_\_,  
(enter name of public agency, district)

a \_\_\_\_\_ organized and existing under the laws of the State of California,  
(enter type of agency)

held on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, the following resolution  
was adopted:

**RESOLVED, that the \_\_\_\_\_**  
(enter position titles)

**be and they are hereby severally authorized and empowered to make application to the Director of Industrial  
Relations, State of California, for a Certificate of Consent to Self Insure workers' compensation liabilities  
on behalf of the**

\_\_\_\_\_  
(enter name of district)

**and to execute any and all documents required for such application.**

I, \_\_\_\_\_, the undersigned \_\_\_\_\_  
(enter name) (enter title)

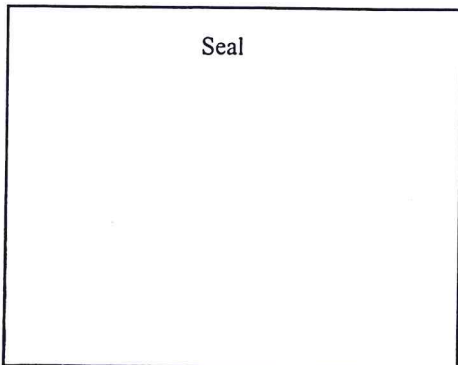
of the Board of the said \_\_\_\_\_,  
(enter name of agency)

a \_\_\_\_\_, hereby certify that I am the \_\_\_\_\_  
(enter type of agency) (enter title)

of said \_\_\_\_\_, that the foregoing is a full, true and correct copy of the  
(enter type of agency)

resolution duly passed by the Board at the meeting of said Board held on the day and at the place therein specified  
and that said resolution has never been revoked, rescinded, or set aside and is now in full force and effect.

**IN WITNESS WHEREOF: I HAVE SIGNED MY NAME AND AFFIXED THE SEAL OF THIS**



\_\_\_\_\_,  
(enter type of agency)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Signature)