IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DIA GAINOR– Bureau Chief
EMERGENCY MEDICAL SERVICES
590 Washington Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-4000
FAX 208-334-4015

APPLICATION DECLINATION AND YIELDING OF AUTHORITY FOR APPLICATION

This is to notify the EMS Bureau that my agency does not wish to apply for the FY2008 Interoperability Grant.

My reason for declining is:

_____

_____

_____
Agency Name

_____
Signature of person authorized to sign for agency

_____
Printed name and title

_____
Date

****

By signing below, my agency is yielding the application authority to the County Emergency Manager.

_____
Agency Name

_____
Signature of person authorized to sign for agency

_____
Printed name and title

_____
Date

RETURN NO LATER THAN 5/30/08 TO:

EMS BUREAU
P O BOX 83720
BOISE ID 83720-0036