

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM

FORM 610 – DESIGNATION OF ALTERNATE PARTICIPATING DEPARTMENT HEAD

| 1. Enter the name of the Participating Department and the Governing Entity. |  |
|---|--|
| <b>DEPARTMENT NAME:</b>   |  |
| <b>GOVERNING ENTITY NAME:</b>   |  |

| 2. Enter the name and contact information for the person designated by the Governing Entity above as the Alternate Participating Department Head. |  |               |  |
|---|--|---------------|--|
| <b>NAME OF ALTERNATE:</b>   |  |               |  |
| <b>TITLE:</b>   |  |               |  |
| <b>E-MAIL ADDRESS:</b>  |  |               |  |
| Mailing Address:  |  |               |  |
| City/State/Zip Code:  |  |               |  |
| Street Address:   |  | Phone Number: |  |
| City/State/Zip Code:  |  | Fax Number:   |  |

| 3. Enter the name and contact information for the person with the authority to sign contracts on behalf of the Governing Entity. |  |               |  |
|--|--|---------------|--|
| <b>NAME:</b>   |  |               |  |
| <b>TITLE:</b>  |  |               |  |
| <b>E-MAIL ADDRESS:</b>   |  |               |  |
| Mailing Address:   |  |               |  |
| City/State/Zip Code:   |  |               |  |
| Street Address:  |  | Phone Number: |  |
| City/State/Zip Code:   |  | Fax Number:   |  |

| 4. EFFECTIVE DATE OF DESIGNATION:. |  |
|------------------------------------|--|
| EFFECTIVE DATE OF DESIGNATION:     |  |

| 5. SIGNATURES of the Designated Alternate and Authorized Signatory of the Governing Entity:   |          |       |  |
|---|----------|-------|--|
| The Governing Entity has designated the Alternate Participating Department Head named above as of the effective date of designation the responsibilities of the Participating Department Head for the purpose of TESRS membership enrollment and termination subject to the approval of the TESRS Executive Director. |          |       |  |
| Designated Alternate:   | <b>X</b> | Date: |  |
| Governing Entity:   | <b>X</b> | Date: |  |

| 6. APPROVAL OF TESRS EXECUTIVE DIRECTOR |          |       |  |
|---|----------|-------|--|
| Signature:                              | <b>X</b> | Name: |  |
|   |          | Date: |  |