

# COOP Delegation of Authority

Pursuant to Tama County's Contingency of Operations Plan (COOP) directive, and the \_\_\_\_\_ Contingency of Operations Plan (COOP).  
(Department)

**I hereby** authorize \_\_\_\_\_ to act as  
(name)  
\_\_\_\_\_ for  
(title)  
operations under the Tama County Contingency of Operations Plan (COOP).

In the event that I become incapacitated or unavailable **I hereby** delegate \_\_\_\_\_ all  
(name)  
authority to provide continued operations to the county under the Contingency of Operations Plan (COOP) and to act on behalf of and with the authority of the Tama County \_\_\_\_\_ in  
(Department)  
carrying out those operations within the geographic boundaries of the effected area(s) of the County.

This delegation continues for a period of ten days or until earlier modified, appointed or terminated by the Chairman of the Tama County Board of Supervisors.

If both \_\_\_\_\_ and I are incapacitated or  
(name)  
unavailable **I hereby** delegate \_\_\_\_\_.  
(Second name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Head)