



AUTHORIZED SIGNATURE FOR CAPITAL ASSETS CERTIFICATION (Certification of County Property)
OFFICE OF THE AUDITOR-CONTROLLER
Complete and return to the Chief of the General Accounting Division of Auditor-Controller's Office, Mail Stop #1050.

**SPM FORM
AM – 2**
(POLICY #515)

Business Unit	Department Name	Dept ID

NAME	TITLE

SIGNATURE

I authorize the individual listed above to certify the Capital Assets Inventory Listing for the department and business unit shown.

Department Head Signature

Date