

**CITY OF LEADVILLE, COLORADO
RESOLUTION NO. 26
SERIES OF 2023**

**A RESOLUTION DESIGNATING THE CITY'S REPRESENTATIVE
TO THE COUNTY HEALTH POOL**

WHEREAS, the governing body of the City of Leadville ("City") is advised that the business to be conducted at Member's Meetings of the County Health Pool must be transacted by the official representative of each Member; and

WHEREAS, the City has traditionally had the City's Finance Director serve as the official representative to the County Health Pool; and

WHEREAS, Kristol Hewlett is the City's Finance Director.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Leadville, Colorado, as follows:

The City Council hereby designates Kristol Hewlett as the official representative to all County Health Pool Members meetings.

This Resolution shall be effective upon its adoption.

ADOPTED this 5th day of December 2023.



CITY OF LEADVILLE, COLORADO:



Greg Labbe, Mayor

ATTEST:



Deputy City Clerk



DESIGNATION OF REPRESENTATIVE TO COUNTY HEALTH POOL

WHEREAS, the governing body of City of headville ("Public Entity") is advised that the business to be conducted at Members' Meetings of the County Health Pool must be transacted by the Official Representative of each Member; NOW, THEREFORE, BE IT RESOLVED, that the governing body of City of headville ("Public Entity"), hereby and herewith: designates the following individual as its Official Representative to all County Health Pool Members' meetings;

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

If applicable, the Designated Alternate Representative is;

NAME: _____

PUBLIC ENTITY DESIGNATED CORRESPONDENT (individual(s) that will receive monthly billing invoices, provide enrollment terms/add/changes and other general correspondences intended for distribution to employees)

NAME: Kristol Hewlett NAME: _____

TITLE: Finance Director TITLE: _____

ADDRESS: 800 Harrison Ave ADDRESS: _____

PHONE: (719) 486 PHONE: _____

EMAIL: finance.director@headville-co.gov EMAIL: _____

COMPLETED BY: _____

(MUST be completed and signed by governing body)

DATE: _____

