

KATS Network Advisory Council Proxy Designation Form

By means of this form, I authorize the person named below to vote on my behalf at any Kentucky Assistive Technology Service (KATS) Network Advisory Council meeting(s) at which I am unable to attend and on matters announced before those meetings and/or included on the agendas for those meetings. I may revoke this proxy at any time in writing to the KATS Network Director.

Council Member Name:

Entity Represented (if any):

Proxy Name:

Council Member Signature:

Date:

Please mail to:

KATS Network

Attn: James A. Brown

8412 Westport Rd.

OR scan and email to:

JamesA.Brown@ky.gov

Attn: James A. Brown, KATS Network