



Dale County Commission

Commission Meeting Minutes – June 23, 2020

The Dale County Commission convened in a regular session Tuesday, June 23, 2020. The following members were present: Chairman Mark Blankenship; District One Commissioner Chris Carroll; District Two Commissioner Steve McKinnon; District Three Commissioner Charles W. Gary and District; and Four Commissioner Frankie Wilson.

Chairman Blankenship called the meeting to order at 10:35am. Commissioner McKinnon opened with the Pledge of Allegiance. Commissioner Wilson followed with prayer.

APPROVED – AGENDA

Commissioner Carroll made a motion to approve the agenda with the addition of an item for a polling place change.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – MEMORANDUM OF WARRANTS

Commissioner McKinnon made a motion to approve the following Memorandum of Warrants:

- Accounts Payable Check Numbers 87003-87084.
- Payroll Check Numbers: 154673-154679.
- Direct Deposit Check Numbers: 34849-35126.

Commissioner Gary seconded the motion, all voted aye. Motion carried.

APPROVED – JUNE 9, 2020 MINUTES

Commissioner Gary made a motion to approve the Minutes of the Commission Meeting on June 9, 2020.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – PERSONNEL

Commissioner McKinnon made a motion to approve the following:

- Edward Johnson – Sheriff Dept. – transfer -SRO to Deputy Sheriff (same pay)
- Quintin C. Quintana – Jail – Promotion - part-time to full-time Jailer VI). \$11.12 per hr.
- D. Austin Arnett – R&B – Promotion – Equipment operator II -\$13.29 per hr.
- M. Colby Tucker – R&B – Promotion – Engineering Assist I - \$12.25 per hr.

Commissioner Carroll seconded the motion, all voted aye. Motion carried.

APPROVED – SICK LEAVE DONATION

Commissioner Gary made a motion to approve sick leave donation for Ina Johnson and Megan Difilippo.

Commissioner McKinnon seconded the motion, all voted aye. Motion carried.

APPROVED – EMA APPOINTING AUTHORITY

Commissioner McKinnon made a motion to approve an Appointing Authority of the EMA Director Resolution. See Exhibit 1.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – ASSISTANT LEGAL COUNSEL

Commissioner Carroll made a motion to approve hiring the law firm of Bull & Simechak, as assistant legal counsel, for \$500 per month.

Commissioner McKinnon seconded the motion, all voted aye. Motion carried.

APPROVED – CONTINUATION OF ADMINISTRATIVE LEAVE

Commissioner Gary made a motion to approve the extension, until December 31, 2020, of two Resolutions, dated 03/24/20 and 04/14/20, regarding administrative leave.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – ON-LINE PAYMENT SERVICE - SOLID WASTE

Commissioner Gary made a motion to approve the agreement with IMS Enterprises, Inc. for the processing of on-line transactions for Solid Waste payments. See Exhibit 2.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – EQUIPMENT - MARY HILL FAMILY SERVICE CENTER

Commissioner McKinnon made a motion to approve the purchase of up to \$15,000.00 in equipment, due to COVID19, to be used at Mary Hill Family Service Center, but the County will maintain ownership.

Commissioner Wilson seconded the motion, all voted aye. Motion carried.

APPROVED – EMERGENCY POLLING PLACE CHANGE

Commissioner Carroll made a motion to approve the Emergency Resolution to temporarily change the Ft. Rucker voting place for the July 14, 2020 run-off election. See Exhibit 3.

Commissioner McKinnon seconded the motion, all voted aye. Motion carried.

ANNOUNCEMENT – NEXT REGULAR MEETING

Chairman Blankenship announced that the next regular meeting of the Dale County Commission will be Tuesday, July 14, 2020 at 10:00am.

ADJOURNMENT: CONFIRMATORY STATEMENT

Commission Gary made a motion to adjourn the meeting. Commissioner Carroll seconded the motion. All voted aye. Motion carried.

It is hereby ordered the foregoing documents, resolutions, etc., be duly confirmed and entered into the minutes of the Dale County Commission as its official actions.



Mark Blankenship, Commission Chairman

RESOLUTION OF THE DALE COUNTY COMMISSION

APPOINTING AUTHORITY OF THE EMA DIRECTOR

WHEREAS, the Dale County Commission adopted a Resolution on July 24, 2018 which required that the EMA Director shall be directed by, and answer to, the Commission, thereby making the Commission the EMA Director's appointing authority under the Dale County Personnel Policies; and

WHEREAS, under the circumstances, it has been determined that it would be more appropriate for the Appointing Authority of the EMA Director to be the Chairman of the Commission.

NOW THEREFORE BE IT HEREBY RESOLVED by the Commission that the Resolution adopted on July 24, 2018 is hereby modified as follows: the EMA Director of Dale County shall be directed by, and answer to, his appointing authority, the Chairman of the Commission. The job description of the EMA Director and any other necessary documents shall be changed accordingly and the EMA Director so notified.

This resolution is hereby passed and approved by Dale County Commission in official session on this the 23rd day of June, 2020.

DALE COUNTY COMMISSION:


_____ Mark Blankenship, Chairman


_____ Chris Carroll, District 1



_____ Steve McKinnon, District 2


_____ Charles W. Gary, District 3


_____ Frankie Wilson, District 4



Attest:


_____ Cheryl Ganey, Administrator



Letter of Understanding of Services



1. Your Office will pay no fee(s) to IMS Enterprises, Inc. (IMS) or to the Debit/Credit processors in connection with the processing of credit card transactions or echecks. And all monies collected on behalf of your Office will be paid directly to the appropriate departmental bank account. Each account will require a separate enrollment.
2. Your Office has enrolled completing a Merchant Agreement with Heartland Payment Systems for Visa, Master Card, Discover, and Debit Card transactions payments for the designated department.
3. The customer will be advised that your Office receives no revenue from this processing fee. Furthermore, the customer will be afforded opportunity to cancel the transaction after they have been advised of the fee or at any time prior to final acceptance. **There will be a separate 3% processing fee with a minimum of \$2.50 online or \$0.50 at the counter, paid by the individual.**
4. Your Office agrees to assist IMS in the collection of fees, taxes, handling fees, and penalties in the event of payment default of any kind. Furthermore, your Office will return the defaulted principle to Heartland Payment Systems.
5. If your Office has authorized the use of credit cards and has entered into an agreement with one or more issuers or processors, each office or agency within a county may elect whether or not to accept Internet based payments in its office or agency, and may establish its own rules for acceptance of said Internet based payments with the county pursuant to that agreement.
6. All customer information to include cardholder data collected in connection with Internet sales must be stored in a secure computer with appropriate firewalls in place. **IMS indemnifies your county from data breaches or any compromise in security on systems not directly under your control.** Additionally, all transmitted information will be processed over a secured internet connection with current SSL/TLS security requirements as defined by the Payment Card Industry Data Security Standard (PCI DDS) specification. All customer information is the property of your Office and no other use will be allowed without written authorization.
7. Your Office or IMS may terminate this agreement unconditionally.

Michael Rice,  6/15/2020
 Print Signed date

Mark Blankenship  6/23/20
 Print Signed date

Merchant Processing Agreement

Merchant Services: 1-888-963-3600

One Heartland Way, Jeffersonville IN 47130

Note: White Out is Not Acceptable on Merchant Applications

New Merchant Additional Location Chain #: _____ New Owner/Existing HPS MID#: _____
 Bank/Assn/VAR/RSP Affiliate Code: _____ Name of Affiliate: _____ Lead Generator ID #: _____
 Relationship Manager: _____ Phone #: _____ Installer: _____ Phone #: _____

COMPANY INFORMATION

MERCHANT DBA NAME: **Dale County Commission** Store #: _____ # of Locations: _____
 Address: **202 Highway 1235 Suite C** Customer Service No. For Lodging, Car Rental, MOTO Merchant: _____
 City: **Ozark** ST: **AL** Zip: **36360**
 DBA Phone: **(334) 774-6025** Fax: _____
 Primary Contact Name: **Michael Rice** Phone #: **(256) 275-4042** DBA Home Cell
 Authorized to Purchase: Yes No
 Secondary Contact Name: _____ Phone #: **(256) 246-0600** DBA Home Cell
 Authorized to Purchase: Yes No
 Language Preference (Please select ONE): English Spanish Mandarin Korean Vietnamese Cantonese Japanese Other: _____
 Email Address: **contactus@imsenterprises.com** Website Address: **payyourutilitiesonline.com**
 (Heartland InfoCentral Admin User Email Address)
 Email Contact: First Name: **IMS** Last Name: **Enterprises**
 (Heartland InfoCentral Admin User First Name) (Heartland InfoCentral Admin User Last Name)
 LEGAL OR CORPORATE NAME: **Dale County Comission** Federal Tax ID/EIN: _____
 (Please complete — must correspond with IRS filing name) (Must correspond with legal name)
 Address: _____ City: _____ ST: _____ Zip: _____ Phone: _____
 CORPORATE HEADQUARTERS/MANAGEMENT COMPANY NAME: **IMS Enterprises, Inc.** Phone: **(256) 275-4042**
 (If Management Company; please provide a copy of the Management Agreement)
 Address: **3115 Northington Court Ste #148-150** City: **Florence** ST: **AL** Zip: **35630** Fax: **(256) 764-7310**

FEE SCHEDULE

Service Requested	Discount Rate	Discount Per Item	Trans Fee Dial	Trans Fee IP	Application Processing Fee (Non-Refundable): \$
VISA	%	\$	\$	\$ 0.04	Annual Volume: \$ 50000 Average Ticket: \$ 14
MasterCard	%	\$	\$	\$ 0.04	
Discover / JCB	%	\$	\$	\$ 0.04	
PayPal	%	\$	\$	\$	<input type="checkbox"/> Cost Plus
PayPal eCommerce	%	\$	\$	\$	PayPal Annual Volume: \$ PayPal Average Ticket: \$
PIN Debit			\$	\$	Customer Service Email (Required): Plus Applicable Debit Network Fees
American Express	%	\$	\$	\$	Annual Volume: \$ Average Ticket: \$ Note: OptBlue Annual Processing Volume > \$1 Million must go Direct <input type="checkbox"/> OptBlue <input type="checkbox"/> I opt out of receiving marketing material from American Express

American Express Merchant #: _____ American Express Franchise Name: _____ Franchise CAP #: _____

SMP Annual VI/MC/DS MAP sales volume \$50,000 or less. (If annual VI/MC/DS MAP volume exceeds \$50,000 annually, 0.50% will be added to the Monthly & Per Item Fees.) HPS reserves the right to change the monthly fee if processing volume is not consistent with volume listed on this application.

ASMP - Fee: _____ Annual Monthly Installment Billing-Indicate Months: J F M A M J J A S O N D

Note: Interchange, DPI, Dues and Assessments and Fees will be passed through. Also, this monthly fee will be titled as "Service & Regulatory Mandate Fee" on your monthly statements

ADDITIONAL SERVICES	Monthly Fee	Txn Fee Dial	Txn Fee IP	RECURRING FEES	SETTLEMENT	
Gateway	\$	\$	\$	Minimum Discount Fee	\$ 20.0000	<input type="checkbox"/> Daily/Split
Wireless (Per Wireless Terminal)	\$			Service & Regulatory Mandate Fee	\$ 33.5000	<input type="checkbox"/> Daily/Net
Heartland Analytics	\$0.00			Annual Fee	\$ 99.0000	
Heartland Analytics Customer Intelligence	\$			Chargeback Fee	\$ 25.0000	<input type="checkbox"/> Monthly Disc Fee 5 bp
Heartland Analytics Email Marketing	\$			Voice Auth Fee	\$ 0.6500	
Merchant Link <input type="checkbox"/>		\$0.0595	\$0.039	EBT Programs (Note: FNS/FCS are not required for Cash Benefits only Setup): <input type="checkbox"/> Food Stamps & Cash Benefits <input type="checkbox"/> Food Stamps Only <input type="checkbox"/> Cash Benefits Only		
Petroleum/Fleet		\$	\$	EBT State Required FNS/FCS/CA/AO#: _____ Terminal Type: _____		
TSYS Authorization Fee		\$0.04	\$0.04	State Provided Terminal: <input type="checkbox"/> Yes <input type="checkbox"/> No Serial #: _____		
EBT (PIN Debit required for EBT)		\$	\$			

INTERCHANGE QUALIFICATION			
<input type="checkbox"/> Interchange Plus	<input type="checkbox"/> MOTO / Internet	<input type="checkbox"/> Purchase Card Level: <input type="checkbox"/> [2] <input type="checkbox"/> [3]	<input type="checkbox"/> Small Ticket / M3
<input type="checkbox"/> Retail	<input type="checkbox"/> Emerging Market	<input type="checkbox"/> GSA Large Ticket	<input type="checkbox"/> DialPay / TT
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Automated Fuel (AFD)	<input type="checkbox"/> Convenience	
<input type="checkbox"/> Lodging / Car Rental	<input type="checkbox"/> Service Station (NFD)	<input type="checkbox"/> Small Ticket / Convenience Purchase	

STATEMENT OPTIONS		CARD ACCEPTANCE		DEPOSIT METHOD		DISPUTE LETTERS	
Statement Type:	Mail Statements To:	<input checked="" type="checkbox"/> All Cards Accepted	<input type="checkbox"/> Standard	Mailing Options:		Electronic Options*:	
<input checked="" type="checkbox"/> Standard	<input checked="" type="checkbox"/> Legal IMS	<input type="checkbox"/> Credit/Business Cards Only	<input checked="" type="checkbox"/> By Batch	<input checked="" type="checkbox"/> Legal IMS	<input type="checkbox"/> Fax		
<input type="checkbox"/> Non-Qual Breakout	<input type="checkbox"/> DBA	<input type="checkbox"/> Consumer Prepaid/Debit (Check Cards) Only	<input type="checkbox"/> By Card Type	<input type="checkbox"/> DBA	<input checked="" type="checkbox"/> Email		
<input type="checkbox"/> By Card Type	<input type="checkbox"/> Suppressed Statements			*Select mail option as back-up.			
<input type="checkbox"/> Chain Recap Summary	<input type="checkbox"/> All Electronic Communications:	<input type="checkbox"/> Same as InfoCentral <input checked="" type="checkbox"/> Preferred Email Address					

MERCHANT DETAIL

Type of Business (Required): Public Private

Type of Ownership: Sole Proprietorship* Partnership Corporation L.L.C.** Non-Profit Government / Municipality

*If business is owned by a Sole Proprietor is the Federal Tax ID the signers SSN: Yes No

**IRS reporting classification for LLC: Disregarded Entity (aka Single Member LLC) Corporation Partnership

Date Business Started: _____ Date Acquired by Current Owner: _____ What percentage of sales are Chargebacks: _____ %

Do you currently accept Credit Cards: Yes No Date began accepting Credit Cards: _____ What percentage of sales are Returned: _____ %

Current Processor: _____ Current MID: _____

Are you currently in contract or negotiating with a Third Party Lender: Yes No

If yes: Contract Start Date: _____ Length of Contract Term: _____ Loan Balance: _____

Do you accept credit card information via website: Yes No If so, will web-based transactions be processed through HPS: Yes No

Please provide the name of the payment processor utilized for web based transactions if not HPS: _____

Does your company provide third party services for any other company to store, process or transmit card member data: Yes No

For additional information, go to: <https://www.heartlandpaymentsystems.com/resources>

Are you a Payment Facilitator / Payment Service Provider: Yes No **Note: Payment Facilitator/Payment Service Provider and File Hosting/Storage are currently restricted and will require Sponsor Bank review.**

Home-Based Business: Yes No Business is conducted: Consumer: _____ % Business to Business: _____ %

What Products and / or services do you provide: Tax Payments

Define your Refund Policy (Refunds made via credit card must be applied to the card used at the time of sale.): _____

How soon is the Customer's card charged: Time of Sale Do you obtain a signature for receipt of product? Yes No

What is the verification process when selling age-restricted products (tobacco/alcohol): _____

Seasonal Merchant: Yes No If yes, indicate months open: J F M A M J J A S O N D

Sales Method	
On Premise Face to Face Sales	80 %
Off Premise Face to Face Sales	%
Mail Order Sales	%
Real-Time Internet Sales	%
Inbound Telephone Order Sales	%
Outbound Telephone Order Sales	%
Internet Keyed	20 %
Recurring Billing	%
Total = 100%	

Processing Method	
Card Swiped	95 %
Keyed with Imprinted Receipt	%
Keyed without Imprinted Receipt	5 %
Total = 100%	
MOTO Card Type	
Percent of Domestic Transactions	100 %
Percent of Foreign Transactions	%
Total = 100%	
Percent of Gift Card Sales	%

Future Delivery*	
2 - 5 Days	%
6 - 10 Days	%
11 - 30 Days	%
31 - 60 Days	%
61 - 90 Days	%
91 - 120 Days	%
> 120 Days	%
If Applicable Total = 100%	
Future Delivery Bankcard Volume Percentage:	%

*Includes advance reservations, deposits accepted for ordered merchandise shipped after payment, and services provided after payment including memberships and subscriptions. If 100% of the product and / or service are NOT delivered (not including mail time) within 24 hours of the time of sale, please indicate above.

Lodging / Resort: Select the following for all lodging merchants accepting reservations via an Internet Website:

My business processes an authorization and/or charges a deposit when accepting reservations prior to the guest's arrival.

My business only retains card information for use in the event of a NO SHOW; no authorization or deposit is obtained.

Travel Agencies / Travel Tour Operators (Required for American Express):

The following information is required to validate Travel Industry Bonding Organization / Authorized Airline Ticket Agent Memberships: ARC# / IATA#: _____

PCI Compliance

Is your business PCI Compliant: Yes No

Does your company utilize a Data Storage Entity or Merchant Servicer that has access to card member data (i.e., Payment gateway or data warehouse, etc.): Yes No

If yes, provide the name of the Data Storage Entity or Merchant Servicer being utilized:

PCI DSS and Card Network rules prohibit storage of sensitive authentication data after the transaction has been authorized (even if encrypted). If you or your POS system store, process, or transmit full cardholder's data, then you (merchant) must validate PCI DSS compliance. If you (merchant) utilize a payment application the POS software must be PA DSS (Payment Application Data Security Standards) validated where applicable. If you use a payment gateway, they must be PCI DSS Compliant.

As required under the Payment Card Industry Data Security Standard (PCI DSS), I do hereby declare and confirm the following:

Merchant will maintain full PCI DSS compliance at all times and will notify Heartland when it changes its point of sale software, system, application or vendor:

Yes No N/A

Do your transactions process through any other Third Parties (i.e. web hosting companies, gateways, corporate office): Yes No N/A

Merchant utilizes the services of a PCI SSC Qualified Integrator Reseller (QIR) when POS payment applications are utilized: Yes No N/A

The signing merchant listed below has experienced an account data compromise.*: Yes No N/A I have never accepted payment cards.

If yes, what was the date of the compromise:

(Copy of the completed forensic investigation is required with the app.)

The signing merchant listed below is storing Sensitive Authentication Data** (even if encrypted) after the transaction has been authorized:

Yes No N/A I have never accepted payment cards.

Merchant utilizes an EMV enabled terminal: Yes No N/A

*An Account Data Compromise is any incident that results in unauthorized access to payment card data and/or Sensitive Authentication Data.

**Sensitive Authentication Data is security related information (Card Verification Values, complete Magnetic Stripe Data, PINs, and PIN blocks) that is used to authenticate cardholders.

Please note that if you have indicated that your organization has experienced an account data compromise in the past, a PCI DSS Level 1 Compliance Assessment may be required upon Heartlands request. A compromise of cardholder data from your location(s) may result in the issuance of fines and/or penalties by the card brand, for which you will be responsible under your Merchant Agreement, notwithstanding this Compliance Statement.

It is imperative that you notify Heartland immediately should the information on this Compliance Statement change.

OWNERS / OFFICERS

Is any owner, officer, director, employee, or agent a current or former senior official in the executive, legislative, administrative, military, or judicial branch of any government (elected or not); a senior official of a major political party; an executive of a government-owned commercial enterprise; a family member of any of the foregoing officials; or a close personal or professional associate of any of the foregoing officials? Yes No If "yes," please attach details.

Owner Officer Authorized Signer *Managing Agent *Please provide copy of Management Agreement

(1) Name: Mark Blankenship Title: Chairman SSN: _____ DOB (mm/dd/yyyy): _____
Home Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Driver's License #: _____ Length at Home Address: _____ Business Equity Ownership: _____ %

Owner Officer Authorized Signer *Managing Agent *Please provide copy of Management Agreement

(2) Name: _____ Title: _____ SSN: _____ DOB (mm/dd/yyyy): _____
Home Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Driver's License #: _____ Length at Home Address: _____ Business Equity Ownership: _____ %

Note: If there are more than two Owners, Officers or Managing Agents, complete the "Additional Owner/Officer Information Page for Merchant Processing Agreement".

PERSONAL GUARANTY

FOR VALUE RECEIVED, and in consideration of the mutual understandings contained in the Merchant Processing Agreement (the "Agreement") Terms and Conditions by and between the Merchant submitting this Application ("Merchant") and ("Acquirer"), the undersigned jointly and severally, if more than one, unconditionally and irrevocably guarantee to Acquirer and their successors and assigns the full and prompt payment when due of all obligations of every kind and nature arising directly or indirectly out of the Agreement. The undersigned (does/do) hereby certify that (he/she/they) (has/have) read, understand(s) and agree(s) to all Merchant Processing Agreement Terms and Conditions and specifically those that relate to the personal guaranties. Merchant and the undersigned authorize Acquirer, any credit bureau or reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements, or data provided by Merchant or the undersigned for purposes of this Application.

X

X

(1) Personal Guarantor (signature)

Date

(2) Personal Guarantor (signature)

Date

DEBIT / CREDIT AUTHORIZATION

Merchant certifies that any verification of business provided is for a business account in good standing and that the Business name on the below checking account is the same as the Business name on the enclosed Heartland Payment Systems Merchant Application. In addition, Merchant hereby authorizes Acquirer to debit and credit Merchant's checking/savings account. This authority shall remain in full force until (a) Acquirer has received written notification from Merchant of its termination; and (b) all obligations of Merchant to Acquirer under this Agreement have been paid in full.

Depository Bank Name: Synovus Phone: (334) 774-5150 City, ST ZIP: Ozark, AL 36360

If the Merchant processes Petro transactions and deposits are made directly to a Fuel Supplier, name supply Company: _____

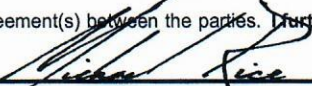

<input type="checkbox"/> Deposits & Fees	<input checked="" type="checkbox"/> Deposits Only – (Split*)	*Split Continued – Fees Only	
(DDA#): 5211417	(RT#): 061100606	(DDA#): 4451369804	(RT#): 111000012
Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:		Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	
Name as it appears on Bank Account:		Name as it appears on Bank Account: IMS Enterprises, Inc.	

AGREEMENT ACCEPTANCE, CERTIFICATION AND CONSUMER REPORT AUTHORIZATION

Have you or your company ever filed for Bankruptcy: Yes No Type: Personal Business Date Filed: _____

Do you support the Merchant Bill of Rights: Yes No Do you permit HPS to list you as a supporter: Yes No

Merchant authorizes HPS, any credit bureau or reporting agency employed by Acquirer, or any agents thereof, to investigate the references, statements or data provided by Merchant or the undersigned for purposes of all matters generally connected to this business relationship. I further certify that I have received, read, understand and agree to the Merchant Processing Agreement Terms and Conditions, Policies, Procedures, Rules and Requirements which together with this application shall constitute the agreement(s) between the parties. **Further certify that this business or any Owner/Officer has never been terminated by any of the Card Brands.**

X 	Michael Rice, R&D Manager	6/15/2020
Owner / Officer / Authorized Signer / Managing Agent	Print Name & Title	Date
X 	Mark Blankenship	6/23/20
Owner / Officer / Authorized Signer / Managing Agent	Print Name & Title	Date

THE TERM OF THIS AGREEMENT IS 36 MONTHS

Note: Maximum \$295 per location early account closure fee may apply; see section 11 of the Merchant Processing Agreement Terms and Conditions for more information.

HPS OFFICIAL USE ONLY		
Application Approved By: _____	Title: _____	Date: ____ / ____ / ____
Created: 01/09 Revised: 04/30/18		

STATE OF ALABAMA

DALE COUNTY

MISC 300 93
Recorded In Above Book and Page
06/23/2020 11:45:10 AM
Sharon A. Michalic
Probate Judge
Dale County, Alabama

EMERGENCY RESOLUTION OF THE DALE COUNTY COMMISSION

Whereas, the Dale County Commission is required by the law of the State of Alabama to determine the location of polling places for general and special elections in the County, and

Whereas Dale County had previously set the polling place for Beat 7, Box 2, Rocky Head at the Bowden Terrace Community Center on Ft. Rucker and that polling place has been used for that purpose at that location since 2019, and

Whereas the law of Alabama requires that no polling place shall be relocated less than three months prior to an election except in cases of emergency, and

Whereas a runoff election has been set in the State for July 14, 2020 and three-month deadline for alteration of a polling place has passed, and

Whereas, the Commission has recently been informed that the present polling place at Bowden Terrace Community Center on Ft. Rucker will not be available for the runoff election due to Covid 19 Pandemic restrictions by Ft. Rucker officials and it is necessary that a temporary emergency polling location be established for the runoff election,

Now therefore, the Dale County Commission declares and finds as follows:

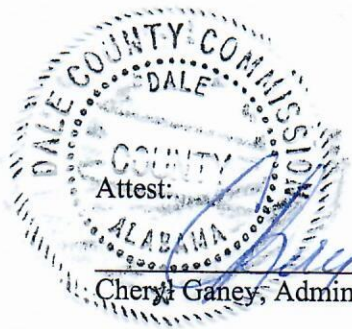
1. The polling place for Beat 7, Box 2 at the Bowden Terrace Community Center is not available for use as a polling place for the upcoming runoff election due to Covid 19 Pandemic restrictions.
2. The Dale County Commission does hereby declare that there exists an emergency, not the result of any action of the Commission or election officials, which requires the relocation of the polling place at Ft. Rucker.

3. The Dale County election officials, namely, the Dale County Probate Judge, Sheriff and Circuit Clerk, with the approval of the appropriate City of Daleville authorities recommend the relocation of the Beat 7, Box 2 Rocky Head polling place from the Bowden Terrace Community Center to the City of Daleville Voting Center temporarily for the runoff only. Although the Daleville Voting Center is in a separate District and voting precinct, for this runoff said precincts shall be combined but the polling officials, machines and ballots shall be separate and all reports of election results shall be separately identifiable by the appropriate polling place.
4. The Commission does therefore select the Daleville Voting Center as the polling place for Beat 7, Box 2, Rocky Head for the upcoming runoff only.
5. This alteration of said polling place is a temporary emergency action required by the Covid 19 Pandemic and applies only to the runoff election. Additional arrangements will be made for the November general election.
6. The election officials shall give as much notice as is possible to the voters who will be affected by this change in such manner as is reasonable.

Dated this the 23rd day of June 2020

DALE COUNTY COMMISSION:

[Signature] Mark Blankenship, Chairman
[Signature] Chris Carroll, District 1
[Signature] Steve McKinnon, District 2
[Signature] Charles W. Gary, District 3
[Signature] Frankie Wilson, District 4



[Signature]
 Cheryl Ganey, Administrator

Recording Fee	0.00
TOTAL	0.00