EXECUTIVE ORDER NO. \_\_\_\_\_\_\_\_\_\_\_

WHEREAS, KRS 83A.130(10), provides for the Mayor to delegate executive functions when unable to attend the duties of office, and

WHEREAS, there may be times when the Mayor is incapacitated due to health reasons,

NOW THEREFORE, DO I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MAYOR OF THE CITY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, delegate to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the authority and power to perform any and all necessary executive functions, other than the ability to approve ordinances or promulgate regulations, for the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on my behalf. In the event that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is unable to perform these duties due to incapacity or unavailability, I delegate to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an alternate with the authority and power to perform any and all necessary executive functions, other than the ability to approve ordinances or promulgate regulations, for the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on my behalf.

In addition to the above, in the event of my incapacity due to health reasons, I delegate the ability to approve ordinances or promulgate regulations to Councilmember \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In the event that Councilmember \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is unable to perform these duties due to incapacity or unavailability, I delegate to

Councilmember\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as an alternate with the authority and power to approve ordinances and promulgate regulations.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MAYOR

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_

COMMONWEALTH OF KENTUCKY

Subscribed and sworn to before me a notary public in and for the Commonwealth of Kentucky by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Mayor, the above appointment and alternate appointment as his/her true act and deed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, KY, State-At-Large