

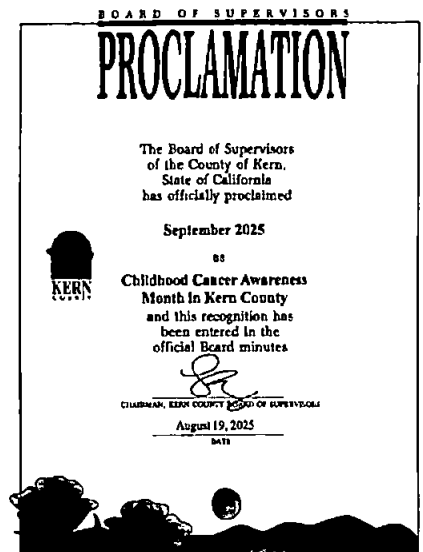
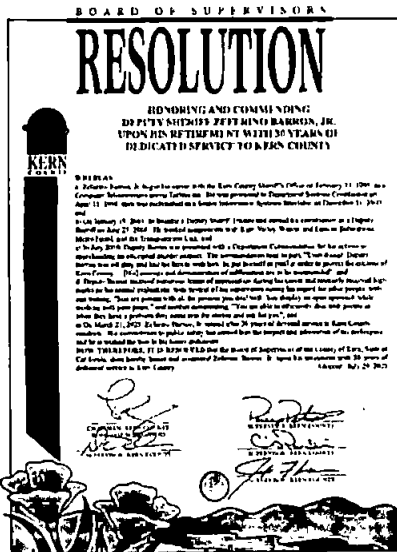
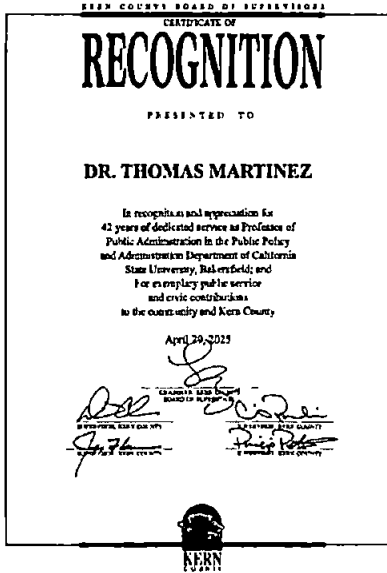
**KERN COUNTY BOARD OF SUPERVISORS
CERTIFICATE REQUEST FORM**

Today's Date: 8/24/2026

Supervisorial District: _____

District 1

Type of certificate requested (mark box next to thumbnail, below):



Request for Presentation by Board of Supervisors

Board Meeting Date: Tuesday, September 1, 2026
(Submission is due two weeks prior to Board date)

Item will be **On-Consent** (Not Presented) ☒ Item will be **Off-Consent** (Presented) ☐

If Certificate will not be presented at a Board Meeting, insert date of presentation:	Will be sent by mail (Submission is due at least 48 hours prior to presentation)
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Name of Agency or Organization receiving Certificate: Kids Cancer Connection
(This name will appear on the Certificate)

Suggested text of Certificate or description of event/peron being recognized:

Proclamation recongr

MANDI REDFEAIRN
Signature of Board Member or District Staff

**Submit Requests to Clerk of the Board.
Attach all supporting documents.**