

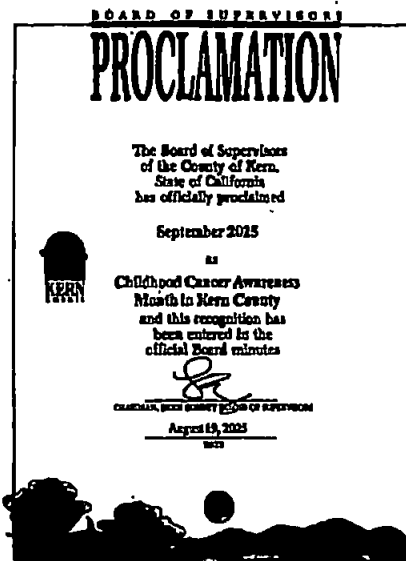
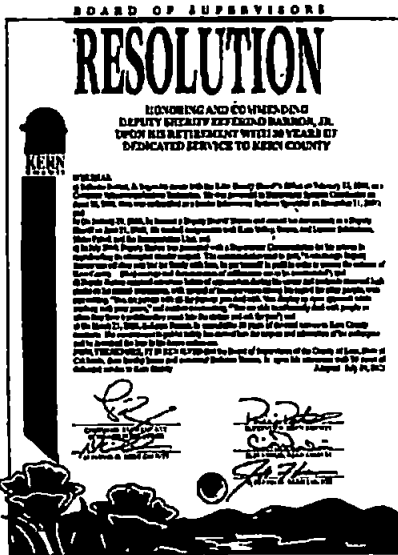
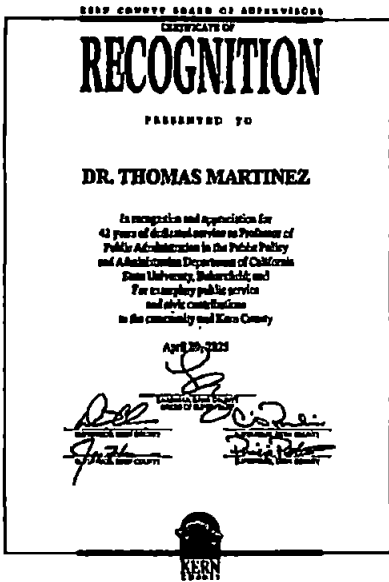
# KERN COUNTY BOARD OF SUPERVISORS CERTIFICATE REQUEST FORM

Today's Date: 12/19/2025

Supervisorial District: \_\_\_\_\_

District 5

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



### Request for Presentation by Board of Supervisors

Board Meeting Date: \_\_\_\_\_

(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: \_\_\_\_\_  
(Submission is due at least 48 hours prior to presentation)

Name of Agency or Organization receiving Certificate: Bakersfield Sikh Women's Association  
(This name will appear on the Certificate)

Suggested text of Certificate or description of event/person being recognized: In recognition

Of their 10 year anniversary and dedication to their selfless service through community action.

*Andrés Ortega*  
\_\_\_\_\_  
Signature of Board Member or District Staff

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