

RESOLUTION NO. A-\_\_\_\_\_

1 BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

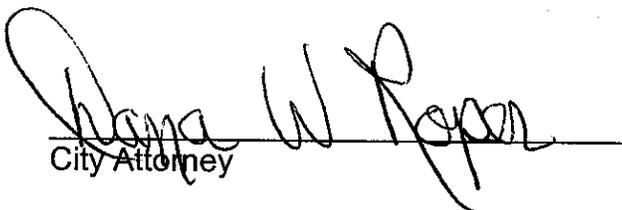
2 That the attached Agreement between the Social Security Administration and the  
 3 State of Nebraska and the Lincoln-Lancaster County Health Department to establish  
 4 conditions under which the Social Security Administration agrees to disclose  
 5 information relating to the eligibility for, and payment of, Social Security benefits and/or  
 6 Supplemental Security Income and Special Veterans Benefits, including certain tax  
 7 return information, in accordance with the terms and conditions contained in said  
 8 Agreement, is hereby approved and the Mayor is authorized to execute the same on  
 9 behalf of the City of Lincoln. The term of this Agreement is 18 months with one option  
 10 of renewal. The Mayor is hereby authorized to execute this renewal on behalf of the  
 11 City.

12 The City Clerk is directed to return the executed copies of the Agreement to  
 13 Bruce Dart, Lincoln-Lancaster County Health Department, for transmittal and execution  
 14 by the Social Security Administration.

Introduced by:

\_\_\_\_\_

Approved as to Form & Legality:

  
 \_\_\_\_\_  
 City Attorney

Approved this ___ day of _____, 2005:  _____ Mayor
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