**MEMORANDUM OF UNDERSTANDING (MOU)**

**BETWEEN**

**[ XXXX County Health Department AND XXXX County Health Department]**

**General Purpose**: To ensure XXXX County & XXXX County have alternate acting sanitarian during an unplanned event.

**Period of Performance and Termination of this MOU**: This MOU is effective from the date of signature indefinitely or until one of the parties terminates the agreement. Termination of this agreement may be made by mutual agreement between the two parties.

**Alterations or Amendments**: The parties may amend this MOU by Mutual agreement. Any amendment is effective when in writing and mutually agreed to.

**Agreement: XXXX County Sanitarian agrees to:**

1. Act as the alternate sanitarian for XXXX County as needed
2. Be available by phone during these times
3. Report any changes or situations that may arise in the other jurisdiction during this time

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If agency staff persons have any questions, they should contact XXXX County Health Department at (xxx) xxx-xxx.

**This document is a statement of understanding and is not intended to create binding or legal obligations on either party. This agreement shall remain in place until otherwise agreed to by both parties.**

Agreed to and accepted by:

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

[Name] Date

[Sanitarian – XXXX County]

[Address]

[City, MT zip code]

[Office: (xxx) xxx-xxx] [Cell: (xxx) xxx-xxx]

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[Name] Date

[Sanitarian – XXXX County]

[Address]

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