

**TAYLOR COUNTY BOARD OF COUNTY COMMISSIONERS EXECUTIVE ORDER EXTENDING
DECLARATION OF LOCAL STATE OF EMERGENCY**

WHEREAS, Section 252.38 (3)(a), Florida Statutes, gives authority to political subdivisions to declare and enact a State of Local Emergency for a period of up to seven (7) days, thereby waiving the procedures and formalities otherwise required of the political subdivision by law; and

WHEREAS, on March 1, 2020, the Governor of Florida issued Executive Order Number 20-51 directing the State Health Officer and Surgeon General to declare a Public Health Emergency due to the discovery of COVID-19/novel Coronavirus in Florida; and

WHEREAS, on March 9, 2020, the Governor of Florida issued Executive Order number 20-52, declaring a State of Emergency for the state of Florida related to COVID-19/ novel Coronavirus; and

WHEREAS, because COVID-19/ novel Coronavirus posed a public health, safety and welfare risk to Taylor County residents, on March 17, 2020 the Board of County Commissioners declared a local state of emergency to respond to the threat posed by the COVID-19/ novel Coronavirus, and to provide for emergency measures to respond to the threat of COVID-19/ novel Coronavirus remain; and

WHEREAS, responding to the threat posed by COVID-19/ novel Coronavirus continues to require extraordinary and immediate actions by Taylor County in order to protect the public health, safety, and welfare; and

WHEREAS, section 252.38(3)(a), Florida Statutes and the Taylor County Local State of Emergency Declaration COVID-19 #1 authorizes the County Administrator to extend the Local State of Emergency.

THEREFORE, as County Administrator of Taylor County, I hereby extend the Declaration of a State of Local Emergency for an additional period commencing on September 2, 2020, that will continue in effect for seven (7) days if not cancelled before that period of time.

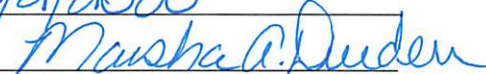
Taylor County Declaration of Local State of Emergency

Enacted:

Signed: 

County Administrator

Date: 9/2/2020

Witness: 

Cancelled:

Signed: _____

County Administrator

Date: _____

Witness: _____