

RESIGNATION AS MUNICIPAL CHAIR

The original shall be delivered or sent to the Democratic Committee of Bergen County, 560 Hudson Street, 1st Floor - Suite 3, Hackensack, NJ 07601.

The original form will be sent to the Bergen County Clerk's Office by DCBC.

I, _____, will not be able to fulfill my duties and hereby resign my seat as a **Democratic Municipal Chair** in the

Municipality of _____, Ward/District _____

Address: _____

Phone Number: _____

Signature: _____

Subscribed and sworn before me at:

_____, N.J.,

This _____ day of _____, 20____

Signature of Notary or Attorney at Law of New Jersey

Print Name of Notary or Attorney at Law of New Jersey

Commission Expiration Date of Notary