

# Letter of Resignation for a County Committee Representative

This original form has to be delivered or sent to the Bergen County Clerk at  
One Bergen County Plaza, Room 130 Hackensack, NJ 07601  
(201)-336-7020- FAX (201)-336-7005

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I, \_\_\_\_\_, certify that I am a member of the \_\_\_\_\_  
(Name) (Political Party)  
party in the Municipality of \_\_\_\_\_ Ward \_\_\_\_\_ District \_\_\_\_\_ in the  
County of Bergen, NJ and will not be able to fulfill my duties as a County Committee  
member and hereby resign my seat.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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THIS ORIGINAL FORM MUST BE NOTARIZED AND DELIVERED TO THE COUNTY CLERK'S OFFICE

Subscribed and sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
*Signature of notary, attorney or other officer authorized*

\_\_\_\_\_  
*Typed or printed name of notary, attorney or other officer*