

Letter of Acceptance for a Municipal Chair 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

I, _____, certify that I am a member of the _____ party
(Name) (Political Party)

and accept the appointment in the Municipality of _____ Ward _____

District _____ in the County of Bergen, NJ and further certify that I am a resident, a legal voter and qualified under the laws of the State of New Jersey for such appointment.

Date: _____

Printed Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Signature: _____
