

Letter of Resignation 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 Municipal Chairperson of the
(Name)

_____ party in the Municipality of _____
(Political Party)

Ward _____ District _____ in the County of Bergen, NJ and will not be able
to fulfill my duties as a Municipal Chairperson and hereby resign my seat.

Date: _____

Printed Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Signature: _____

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