RESIGNATION FROM MUNICIPAL CHAIR

This must be delivered or sent to the Bergen County Clerk.
One Bergen County Plaza, Room 130, Hackensack NJ, 07601
Email: **electionsclerk@bergencountynj.gov** Fax: 201-336-7005

I, _____, will not be able to fulfill my duties and hereby resign my seat as a **Republican 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