

RESOLUTION

APPOINTMENT OF A SAFETY COORDINATOR AND ALTERNATE SAFETY COORDINATOR TO THE PUBLIC ALLIANCE INSURANCE COVERAGE FUND

BE IT RESOLVED, by the (Name of Entity) _____ ,

County of _____ , State of New Jersey, that it hereby appoints

_____ as the Safety Coordinator and

_____ as the Alternate Safety Coordinator

to the Public Alliance Insurance Coverage Fund; and

BE IT FURTHER RESOLVED that copies of this Resolution be forwarded to the following:

1. _____
(Safety Coordinator)

2. _____
(Alternate Safety Coordinator)

3. Public Alliance Insurance Coverage Fund

I hereby certify the foregoing to be a true copy of a Resolution adopted by the

_____ of the _____

on the _____ day of _____ , 20_____

(Signature)

INTRODUCED BY: _____

SECONDED BY: _____

ROLL CALL APPROVE: _____

OPPOSE: _____