

RESOLUTION

APPOINTMENT OF A FUND COMMISSIONER TO THE FIRST RESPONDER JOINT INSURANCE FUND

BE IT RESOLVED, by the (Name of Fire District) _____ ,
County of _____ , State of New Jersey, that it hereby appoints
_____ as the Fund Commissioner and
_____ as the Alternate Fund Commissioner
to the First Responder Joint Insurance Fund; and

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

1. _____
(Fund Commissioner)
2. _____
(Alternate Fund Commissioner)
3. First Responder Joint Insurance 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: _____