

Statement of Authority - **Participating**

Monmouth County Multi-Jurisdictional Hazard Mitigation Plan Update - 2012

Lead Agency: Monmouth County Sheriff's Office

Office of Emergency Management

300 Halls Mill Road

Freehold, New Jersey 07728

Michael E. Oppegaard, Coordinator

Contact: Margaret Murnane, Deputy Coordinator

This document is prepared as a statement of the authority advising Monmouth County Sheriff's Office, Office of Emergency Management, that the (Borough, Township, City, Village) of _____ **has opted to participate** in the first update of the Monmouth County Multi-Jurisdictional Hazard Mitigation Plan. Our municipality has committed to participating in the development of an updated county-wide, multi-jurisdictional hazard mitigation plan. We have authorized the following two individuals: _____ and _____ ("Representative" and "Alternate", respectively) as local members serving on the Multi-Jurisdictional Core Planning Group and to actively participate as requested throughout the planning process.

We understand that our municipal Local Emergency Planning Committee (LEPC) will serve as its own local hazard mitigation planning committee ("Jurisdictional Assessment Team").

At the end of the project, when FEMA approves the plan, it is understood that our municipality will need to pass a resolution formally adopting the final plan, which is a requirement if we wish to apply for future funding for mitigation projects. This resolution will be provided immediately to the Monmouth County Sheriff's Office, Office of Emergency Management for submittal to FEMA, who requires the resolution on file.

*Name of Municipality*_____

*Name & Title of Authorizing Individual*_____

*Authorizing Signature and Date*_____

*Representative's Name & Title*_____

*Representative's Address*_____

*Representative's Phone, Fax and Email*_____

*Alternate's Name & Title*_____

*Alternate's Address*_____

*Alternate's Phone, Fax and Email*_____

Statement of Authority – **Not Participating**

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Name of Municipality _____

Name & Title of Authorizing Individual _____

Authorizing Signature and Date _____