



Shared Services Panel Opt Out Affidavit

Municipality Name: _____

CEO Name: _____

I declare as the Chief Executive Officer of the Town/Village of _____
that the Town/Village of _____ is hereby opting out of any
participation in the Shared Services Panel and fully understands the implications of
removing myself from this process.

Signature

Date

State of New York
County of Sullivan

The foregoing instrument was acknowledged
before me this ____ day of _____, 2017.

Notary Public