**FIRE DISTRICT SPECIAL MEETING**

**(N.J.S.A. 40A:14-84)**

**RESULTS CERTIFICATION**

*Please include a copy of the Fire District Notice and Affidavit of Special Meeting Posting with this form upon submission.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Municipality:** |  | **District #:** |  |
| **County:** |  | | |
| **Annual Election Held:** | **(check one) \_\_\_\_\_ third Saturday in February \_\_\_\_\_\_ November General** | | |

**CAPITAL EXPENDITURES SUBJECT TO VOTER APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CAPITAL PROJECTS (add additional project columns as necessary)**  ***(N.J.S.A. 40A:14-84)*** | | |
| **Capital #1**  **Description of Project:** | **Capital #2**  **Description of Project:** | **Capital #3**  **Description of Project:** |
| **Amount** | $ | $ | $ |
| **Total Votes** | # | # | # |
| **Total “Yes” Votes** | # | # | # |
| **Total “No” Votes** | # | # | # |
| **% of Yes Votes\*** | % | % | % |
| **Total Abstaining or Absent\*\*** | # | # | # |

\* Percentage of “Yes” Votes = Total Number of “Yes” Votes ÷ Total Number of Votes Cast

\*\*Only applies to fire districts within November Fire Commissioner Elections

**It is hereby certified that this special meeting was conducted in compliance with the provisions of N.J.S.A. 40A:14-84:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  | | Date: |  |
| Printed Name: |  | | | |
| Title: |  | | | |
| Telephone: |  | Fax: |  | |
| E-mail: |  | | | |