**20\_\_Fire District Levy Cap & Restricted Fund Balance**

**Referendum Results Certification**

**(FOR DISTRICTS WITH NOVEMBER BOARD OF COMMISSIONER ELECTIONS)**

***Please include copy of the Referendum Election Ballot.***

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality: |  | Fire District #: |  |
| County: |  |

|  |
| --- |
| **20\_\_ ADOPTED BUDGET** |
| Amount to be Raised by Taxation | $ |
| Tax Rate Per Hundred | $ |

**REFERENDUM QUESTIONS (AS APPLICABLE)**

|  |  |  |
| --- | --- | --- |
|  | **Levy Cap Referendum*****(N.J.S.A. 40A:45-45.1 et seq.)*** | **Release of** **Restricted** **Fund Balance**  |
|
| **Amount** | $ | $ |
| **Total Votes** | # | # |
| **Total “Yes” Votes** | # | # |
| **Total “No” Votes** | # | # |
| **% of Yes Votes** | % | % |

**OTHER REFERENDUM QUESTIONS (AS APPLICABLE)**

|  |  |
| --- | --- |
| **Initial LOSAP *(N.J.S.A. 40A:14-183 et seq.)*** | **CAPITAL PROJECTS\* *(N.J.S.A. 40A:14- 85)*** |
| **Capital #1****Description of Project:** | **Capital #1****Description of Project:** |
| $ | $ | $ |
| # | # | # |
| # | # | # |
| # | # | # |
| % | % | % |

\*add additional columns as necessary

It is hereby certified that the above information complies with the requirements of law:

|  |  |  |  |
| --- | --- | --- | --- |
| Signed Certification: |  | Date: |  |
| Printed Name: |  |
| Title: |  |
| Telephone:  |  | Fax: |  |
| E-mail: |  |