

VERONA

Township of Verona, New Jersey



Verona Town Hall – 600 Bloomfield Avenue, Verona N.J. 07044

Telephone: (973) 239-3220

POWER OF ATTORNEY

Name of Company:		
Business Description:		
Mailing Address:		
City:	State:	Zip:
Phone:		
Federal Taxpayer ID #:		
Certificate of Liability Insurance Producer:		
Address of Insurer:		
Policy Effective Date:	Policy Expiration Date:	

POWER OF ATTORNEY is granted to the Township of Verona Chief Financial Officer

The granting of this Power of Attorney is exclusively for the purpose of acknowledging service of any process out of a court of competent jurisdiction to be served against the insured by virtue of the indemnity granted under the insurance policy filed pursuant to N.J.S.A. 48:16-24.

This Power of Attorney expires on the Policy Expiration Date set forth above.

I hereby certify to the accuracy of the above information.

Print name and title of Company Official authorizing Power of Attorney:

Name:	
Title:	Date:

SIGN IN THE PRESENCE OF A NOTARY

Company's Official's Signature: _____

Date: _____

On _____, 20____ before me, _____,

Notary Public in and for _____ County, personally appeared

_____, who has satisfactorily identified him/herself

as the signer to the above-referenced document.

(Notary Signature)

(Date)

(Affix Notary Stamp here)

My Commission Expires _____