



# Sullivan County Shared Services Panel

Municipality Name: \_\_\_\_\_

CEO Name: \_\_\_\_\_

Indicate your participation in the  
Shared Services Panel

\_\_\_\_ Yes    \_\_\_\_ No

Property Tax Levied in 2017:

2017 Property Tax Rate:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Bargaining Units (attach additional sheets if necessary):

1) \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3) \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CEO Signature \_\_\_\_\_ Date \_\_\_\_\_

Municipality \_\_\_\_\_

Please list the shared services, consolidations, or efficiencies you currently have with other municipalities or schools.

Services or Function:

With:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

7) \_\_\_\_\_

8) \_\_\_\_\_

9) \_\_\_\_\_

10) \_\_\_\_\_

11) \_\_\_\_\_

12) \_\_\_\_\_

Attached additional sheets if necessary.