

COUNTY OF SALEM

CERTIFICATION OF REQUEST FOR EMERGENCY PURCHASE

The undersigned Department Head (Or Designated Agent) certifies as follows:

An emergency exists in the _____ department.

This condition constitutes an emergency affecting the immediate health, welfare, or safety of the public.

Description of the condition and how it affects the public health, welfare, or safety (attached additional sheet if necessary) _____

This emergency occurred on: Date: _____ Time: _____

It is necessary to invoke N.J.S.A. 40A:11-6 for emergency purchases in order to obtain the immediate delivery of materials, supplies, or services for the performance of the services described in the attached requisition. The estimated cost of furnishing the materials, supplies, or services is \$ _____.

It is required that a purchase order be issued without public advertisement for bids, pursuant to the above cited statute and N.J.A.C. 5:34-6.1 et seq.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Department Head Signature

Printed Name

Department