

Enclosure (B)

**PARTICIPATION AGREEMENT IN THE
PUTNAM COUNTY
BUREAU OF EMERGENCY SERVICES
MUTUAL AID PLAN**

Name of Organization

Hereby elects to participate in the Putnam County Mutual Aid Plan and abide by all provisions included in said document.

Copy of the signed **Enclosure B** will be filed with the Commissioner of Emergency Services and included as a permanent part of the Mutual Aid Plan for Putnam County.

Signed _____

Printed Name _____

Title _____

Effective Date _____