TOWN OF CLYDE PARK
COUNCIL MEMBER WAIVER OF COMPENSATION

I, _____, have been duly elected or appointed to serve as a Council Member for the Town of Clyde Park, Montana.

Pursuant to Resolution No. _____, I voluntarily choose to waive the compensation otherwise established for my office.

I understand and acknowledge that:

☐ My decision is entirely voluntary.

☐ I understand the current compensation established by the Town Council.

☐ I waive all compensation payable to me while this waiver remains in effect.

☐ Compensation voluntarily waived shall not accrue and shall not be payable at a later date.

☐ I may revoke this waiver at any time by providing written notice to the Clerk/Treasurer.

☐ If I later elect to receive compensation, I understand I must first complete all payroll and tax documentation required by law before compensation may be issued.

Effective Date of Waiver:

Council Member Signature

Printed Name

Date

Received by:

Clerk/Treasurer

Date Received: _____