

THE CORPORATION OF THE MUNICIPALITY OF POWASSAN

BY-LAW NO. 2021-34

Being a By-Law to authorize an agreement between the Municipality of Powassan and the Municipalities of Bonfield, Callander, Chisholm, East Ferris, and Nipissing for mutual aid and assistance in the event of an emergency situation.

WHEREAS the Corporation of the Municipality of Powassan is desirous of entering into an agreement with Municipalities of Bonfield, Callander, Chisholm, East Ferris, and Nipissing for mutual aid and assistance in the event of an emergency situation;

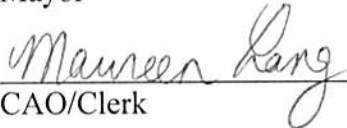
NOW THEREFORE be it resolved that the Council of the Corporation of the Municipality of Powassan enacts as follows:

1. That the Mutual Aid Agreement outlined in Appendix "A" attached to and forming part of
this By-law be adopted.
2. That the Mayor and the CAO-Clerk be and are hereby authorized to execute the agreement.
3. That By-law 2016-37 be rescinded.
4. That this agreement become in force upon its execution.

Adopted December 7, 2021



Mayor



CAO/Clerk

Township of Bonfield

_____ Date: _____
Mayor

_____ Date: _____
CAO/Clerk

Municipality of Callander

_____ Date: _____
Mayor

_____ Date: _____
Senior Municipal Director

Township of Chisholm

_____ Date: _____
Mayor

_____ Date: _____
CAO-Clerk-Treasurer

Municipality of East Ferris

_____ Date: _____
Mayor

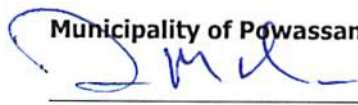
_____ Date: _____
CAO


Township of Nipissing

_____ Date: _____
Mayor

_____ Date: _____
Municipal Administrator

Municipality of Powassan

 _____ Date: Dec. 7 / 2021

Mayor
 _____ Date: Dec. 7 / 2021
CAO-Clerk/~~Treasurer~~

SCHEDULE "A"

Mutual Assistance Agreement

I, _____, Chief Administrative Officer/Clerk/Designated Official of
_____, duly authorized to do so by the Council of _____
_____, do hereby confirm my request of
_____, to provide assistance in the
form of

____ PERSONNEL

____ SERVICES

____ EQUIPMENT

____ MATERIAL

AS IS MORE PARTICULARLY SET OUT IN DETAIL AS FOLLOWS:

The above confirms the assistance verbally requested on _____, and
which assistance _____ has agreed to provide.

Dated at _____ this _____ day of _____, _____,

Chief Administrative Officer/Clerk

(Assisted Municipality)

Confirmed at _____ this _____ day of _____, _____,

Chief Administrative Officer/Clerk

(Assisting Municipality)