



ACCG INSURANCE PROGRAMS

INTERLOCAL RISK MANAGEMENT AGENCY

[Property & Liability]

LIAISON APPOINTMENT FORM

(Designate a representative to seek legal assistance for personnel actions)

Member Name: _____
(County / Authority)

The appointed **ACCG – IRMA HR Helpline Liaison** is:

Name: _____

Title: _____

Mailing Address: _____

City, State, ZIP: _____

Phone #: _____

Email Address: _____

County Chairman/Authority Director Signature

Date

All members of the ACCG - IRMA (Property & Liability) Insurance Program should complete this form. There is no additional charge for this service.

Send the signed document to accginsurance@accg.org by **February 12, 2016**.

An electronic copy of this document is available on accginsurance.org under Property & Liability.