

# NJ Service Sharing Intake

1. Primary contact name, phone number, and email

2. Today's date

Date / Time

Date

MM/DD/YYYY	
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3. Name of interested municipality(ies) or other government entities.

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#### 4. Best ways to contact you

#### 5. Additional people (names and contact information) who should be included in contacts related to this project.

#### 6. Please describe the service sharing project or projects that you are considering.

#### 7. What work has been done towards this project to date?

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### 8. Does this project have the support of your governing body?

### 9. What types of assistance would be most helpful?

- Funding for feasibility study
- Implementation guidance
- Assistance with addressing regulatory barriers
- Assistance with political / staff resistance
- Other (please specify)

### 10. What are your primary goals for this project? (Check all that apply)

- Share costs for technology, facilities, or equipment
- Allow for improved services
- Reduce overall operating costs
- Improve consistency with other municipalities
- Other (please specify)

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DONE

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