DEPARTMENT OF THE AUDITOR GENERAL

FORM AG-385

MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT

CERTIFICATION FOR FOREIGN FIRE INSURANCE TAX DISTRIBUTION & GENERAL MUNICIPAL PENSION STATE AID

FOR JANUARY 1, 2015 - DECEMBER 31, 2015

THIS CERTIFICATION MUST BE RETURNED ON OR BEFORE MARCH 31, 2016

IMPORTANT: *PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS CERTIFICATION*

SECTION A. CERTIFICATION OF FIRE PROTECTION

THE RESPONSES PROVIDED IN THIS SECTION MUST BE VALIDATED BY SUPPORTING DOCUMENTATION WHICH MUST BE MAINTAINED BY THE MUNICIPALITY AND WILL BE SUBJECT TO AUDIT BY THE DEPARTMENT.

- [x] Our municipality is serviced **SOLELY** by **VOLUNTEER FIREFIGHTERS.**
- [ ] Our municipality is serviced **SOLELY** by **PAID FULL-TIME FIREFIGHTERS.**
- [ ] Our municipality is serviced by both **PAID FULL-TIME FIREFIGHTERS** and **VOLUNTEER FIREFIGHTERS.**

(You must indicate the proportion of the actual fire protection provided by each on a percentage basis.)

PAID PROTECTION [ ] % VOLUNTEER PROTECTION [100] % TOTAL [100] MUST EQUAL 100%

SECTION B. CERTIFICATION OF FULL-TIME EMPLOYEES PARTICIPATING IN MUNICIPAL PENSION PLANS

(Totals must agree with personnel roster.) If none, write "NONE."

POLICE

1a. Number of working, active **full-time police officers** who are members of a police pension plan.

Served by Northern Berks Regional Police

1b. Was this **police pension plan** established on or before 12/31/84? If no, please indicate date **police pension plan was established.**

Yes___ No___ Date:_____

1c. Total **full-time payroll** for calendar year **2015** for police officers reported in 1a.

$

FIREFIGHTER

2a. Number of working, active, **full-time firefighters** who are members of a paid firefighters pension plan.

None

2b. Was this **paid firefighters pension plan** established on or before 12/31/84? If no, please indicate date **paid firefighters pension plan was established.**

Yes___ No___ Date:_____

2c. Total **full-time payroll** for calendar year **2015** for firefighters reported in 2a.

$

NON-UNIFORMED

3a. Number of working, active, **full-time non-uniformed employees** who are members of a non-uniformed pension plan.

6

3b. Was this **non-uniformed pension** plan(s) established on or before **12/31/84**? If no, please indicate **date nonuniformed pension plan(s) was established.**

Yes___ No___ Date: 1995

3c. Number of working, active, **full-time police officers or firefighters** who are members of this pension plan and **NOT** reported in **1a., 2a., or 3a.**

Police 0 Firefighters 0

3d. Total number of working, active, **full-time non-uniformed employees, police officers or firefighters for calendar year 2015**, who are members of this pension plan. **3a. + 3c. = 3d.**

Total 6

3e. Total **full-time payroll** for calendar year **2015** for members of all **non-uniformed pension plans reported in 3a. and 3c.**

$ 320,327.34

False Statements made herein are punishable under 18 P.S.§ 4904 (relating to unsworn falsification to authorities).

SECTION C. CERTIFICATION OF MUNICIPAL OFFICERS

AFFIX MUNICIPAL SEAL

Diane E. Hollenbach
(Signature of Secretary/City Clerk)

(610) 926 4920
Telephone Number

In witness whereof, the **(~~city, borough,~~ township)** of Maidencreek in the county of Berks has caused this certification to be made and executed by its **Chief Administrative Officer**, and has affixed its Official Seal, this _____ day of _____ 2016.

(Signature of Chief Administrative Officer)

(610) 926 4920
Telephone Number

NOTE: AG-385 FORM WILL BE RETURNED IF MUNICIPAL SEAL AND SIGNATURES ARE NOT PRESENT

RETURN ORIGINAL COMPLETED FORMS TO:

DEPARTMENT OF THE AUDITOR GENERAL
MUNICIPAL PENSIONS AND FIRE RELIEF PROGRAMS UNIT
320 FINANCE BUILDING
HARRISBURG, PENNSYLVANIA 17120

Direct all questions to Municipal Pensions & Fire Relief Programs Unit at 1-800-882-5073 or email at Comptroller@PaAuditor.gov

Diane Hollenbach, Secretary
Township of Maidencreek
P.O. Box 319
Blandon, PA 19510
06-0108-05, 138729