



2016 CREDENTIALS VOTING FORM

Please complete and
**RETURN FORM BY JULY 1,
2016** to:

Credentials Committee / NACo
Attn: Alex Koroknay-Palicz
25 Massachusetts Avenue, NW,
Suite 500
Washington, DC 20001

You may also fax this form to:

866.370.9421 ... or scan and e-mail
this form to: **akpalicz@naco.org** ...
or have the voting delegate(s) carry
it with him/her to the NACo
conference and present it at the
Credentials Desk.

If you do not plan on registering for the
2016 Annual Conference, **there is no
need to fill out and return this form.**
Your county/parish/borough **MUST**
have at least one paid conference
registration to be able to vote.

By signing this form you are declaring
that you and the other conference
attendees from your county have
agreed that you are the voting delegate
for your county.

If your ballot is not picked up at
the 2016 Annual Conference the
President of your State Association
will pick up and cast your county's
votes unless you check the box
below.

If my ballot is not picked up,
I DO NOT AUTHORIZE my
state association to pick up or cast
my county's vote. I understand that
my county's votes will NOT be cast
if I select this option.

PLEASE TYPE OR PRINT IN BLOCK LETTERS.

County / Parish / Borough

State

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Name your county / parish /borough's delegate (s)

Designated County Delegate

First Name

Last Name

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Job Title / Description

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County Alternate

First Name

Last Name

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Job Title / Description

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Please note: This form must be signed by the CHIEF ELECTED OFFICIAL from your county.

Submissions without an appropriate signature will not be accepted

Signature of Chief Elected Official
(Board President / Chair / elected County Executive / Judge / Mayor)

Date

Cell Number

Print Name

Title