



## Please complete and

**RETURN FORM BY JULY 7, 2017** to:

**Credentials Committee / NACo** *Attn:* Alex Koroknay-Palicz 660 North Capitol St, NW, Suite 400

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 2017 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 2017 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

State

if I select this option.

## PLEASE TYPE OR PRINT IN BLOCK LETTERS.

County / Parish / Borough

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

## **Designated County Delegate**

First Name	Last Name												
Job Title / Description													
County Alternate													
First Name	Last Name												
First Name	Last Name												
	Last Name												
First Name  Job Title / Description	Last Name												

*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

Date

Cell Number

(Board President / Chair / elected County Executive / Judge / Mayor)

Print Name