NATIONAL ASSOCIATION of COUNTIES NACo®

2019 CREDENTIALS VOTING FORM

Please complete and **RETURN FORM BY JUNE 28, 2019** to:

Credentials Committee / NACo
Attn: Lauren Wilson
660 North Capitol St, NW,
Suite 400
Washington, DC 20001

You may also scan and e-mail this form to **credentials@naco.org**, fax to **866.370.9421** or have the voting delegate(s) carry it with him/her to the NACo Annual Conference and present it at the Credentials Desk.

If you do not plan on registering for the 2019 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 2019 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

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

Designated County Delegate

First Name

Last Name

Job Title / Description

County Alternate

First Name

Last Name

Job Title / Description

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