



NACo 2010 Credentials (Voting) Identification Form

Please complete and return form by July 2, 2010 to: Credentials Committee / NACo / Attn: liene Manster / 25 Massachusetts Avenue, NW, Suite 500 / Washington, DC 20001 You may also fax this form to: 202.393.2630 ... or have the voting delgate(s) carry it with him/her to the conference and present it at the If you do not plan on attending the 2010 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. Please type or print in block letters. 🖜 County / Parish / Borough State FORTBEN TY Name your county/parish/borough's delegate(s): If you authorize your state association to pick up your ballot, please leave this section blank and check the appropriate box below. Designated Delegate First Name Last Name GRADY PRE AGE Job Title / Position OMM ON Ċ irst Alternate First Name Last Name Job Title / Position Check the appropriate box(es) to indicate your county's preference if your ballot is not picked up (at least one box MUST be checked). ▶ ☐ If my ballot is not picked up, I authorize the president of my state association (or his/her designee) to pick up and cast my county's votes. If my ballot is not picked up, I authorize a representative from another county in my state to pick up and cast my county's votes (proxy vote). County / Parish / Borough allowed to cast my votes * First Name of proxy county delegate Last Name If my ballot is not picked up, NO ONE is authorized to pick up my county's votes. I understand that my county's votes will NOT be cast if I select this option. Please note This form must be signed by the Chief Elected Official from your county. Sabinissions without an appropriate signature will not be accepted.

7-28-10 copy received

Robert Hebert