

TOWNSHIP OFFICERS

To: The County Auditor-Treasurer of Becker County, Minnesota.

I hereby certify that the following is a complete and correct listing of Town Officers elected at the General Held held in the **Township of** _____ on the first Tuesday after the first Monday (being the _____ day) of November, 20 _____. In addition, the Town Officers whose term hold's over from a previous election, as show opposite the name of each officer listed below:

Following is a listing of our Town Officers and their terms:

Supervisor _____ Term Start 20____ Term Expires 20_____

Address _____ City _____ Zip _____ Phone () _____

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Supervisor _____ Term Start 20____ Term Expires 20_____

Address _____ City _____ Zip _____ Phone () _____

Supervisor _____ Term Start 20____ Term Expires 20_____

Address _____ City _____ Zip _____ Phone () _____

Clerk _____ Term Start 20____ Term Expires 20_____

Address _____ City _____ Zip _____ Phone () _____

Treasurer _____ Term Start 20____ Term Expires 20_____

Address _____ City _____ Zip _____ Phone () _____

_____ was elected **Chairman** of the Board for 20_____.

(We understand that the Chairman may not be elected as of this date, please telephone that information when it is available to (218) 846-7311.

Also: Please enter dates, time, and place of your Monthly Board Meetings on the back of this form or attach another form with the information.

Dated this ____ day of _____, 20____. Signed _____ **Town Clerk**

***Please turn this information in to the Becker County Auditor-Treasurer's Office by November 1st bi-annually.