

Elaine F. Marshall, Secretary of State

**Local Government Liaison Termination Statement 2016**

**Local Government Information**

Local Governmental Unit:

Physical Business Address of Local Governmental Unit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Local Governmental Unit’s Authorized Officer:

Mailing Address of Local Governmental Unit’s Authorized Officer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. of Local Governmental Unit’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of Local Governmental Unit’s Authorized Officer:

**Statement of Termination**

I hereby terminate the authorization of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to act as a liaison on behalf of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Officer Date

**Preparer Information if Other than Authorized Officer**

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Signature of Preparer Date