



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**

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date