**Form SA-LTS**(Rev. 11/2015)



ElaineF.Marshall, Secretary of State

**State Agency Liaison Termination Statement 2017**

**State Agency Information**

State Agency:

Physical Business Address of State Agency:

Name and Title of State Agency’s Authorized Officer:

Mailing Address of State Agency’s Authorized Officer:

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

Telephone No. of State Agency’s Authorized Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:

E-Mail Address of State Agency’s Authorized Officer:

**Statement of Termination**

I terminate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Name of Liaison] on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[name of agency.]

Signature of Authorized Officer Date

**Preparer Information if Other than Authorized Officer**

Signature of Preparer Date