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 Annual Town Meeting held in the **Township of** on the second Tuesday (being the _____ day) of March, 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 () Supervisor _____ Term Start 20____ Term Expires 20____ Address _____ Zip ____ Phone () _____ Supervisor _____ Term Start 20____ Term Expires 20____ Address _____ Zip ____ Phone () _____ Supervisor _____ Term Start 20____ Term Expires 20____ Address _____ Zip ____ Phone () _____ Supervisor _____ Term Start 20____ Term Expires 20____ Address _____ Zip ____ Phone () _____
 Clerk
 ______ Term Start 20_____ Term Expires 20_____
Address _____ Zip ____ Phone () _____ Treasurer _____ Term Start 20____ Term Expires 20____ Address _____ 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 March 20th annually.