

Deputy

Please complete and

## **RETURN FORM BY** JUNE 28, 2019 to:

Credentials Committee / NACo

Attn: Lauren Wilson 660 North Capitol St, NW, Suite 400

By signing this form you are declaring that you and the other conference attendees from your county have agreed that you are the voting delegate for your county.

| CREDENTIALS VOTING  | Washington, DC 20001  You may also scan and e-mail this form to credentials@naco.org, fax to 866.370.9421 or have the voting delegate(s) carry it with him/her to the NACo Annual Conference and present it at the Credentials Desk.  If you do not plan on registering for the 2019 Annual Conference, there is no need to fill out and return this form. Your county/parish/borough MUST have at least one paid conference registration to be able to vote. |
|---|---|
| PLEASE TYPE OR PRINT IN BLOCK LETTERS.  |   |
| County / Parish / Borough   | Stat  |
| COUNTYOFR   | E S N O C   |
| First Name  N A T H A N   | Last Name M A G S I G   |
| N A T H A N   | M A G S I G   |
| Job Title / Description  C O U N T Y S U P E R  | I S O R   |
|   |   |
| County Alternate  | Locat Nierro  |
| First Name  | Last Name   |
| Joh Title / Description   |   |
| Job Title / Description   |   |
| Places note: This form must b   | igned by the CHIEF ELECTED OFFICIAL from your county.   |
|   | in appropriate signature will not be accepted   |
| 202   | June 4, 2019 559-600-5000   |
| Signature of Chief Elected Official<br>(Board President / Chair / elected County Executive / Judge / Ma | Date Cell Number<br>r)  |
| NATHAN MAGSIG   | Chairman of the Board of Supervisors  |
| Print Name  | Title   |
| ST: CE E. SEIDEL of the Board of Supervisors of Fresno, State of California                             |   |