CERTIFICATE OF DESIGNATION

This form must be filed with:
THE ASSOCIATION OF TOWNS OF THE STATE OF NEW YORK, 150 STATE STREET, ALBANY, NY 12207

By FEBRUARY 2, 2024
In order to establish eligibility and credentials to vote at the 2024 Business Session

TO: THE OFFICERS AND MEMBERS OF
The Association of Towns of the State of New York

To Ensure Correct Spelling On Badges, Please Print Or Type

I, _____, Town Clerk of the Town of _____, in the County of _____ and State of New York DO HEREBY CERTIFY that the town board of the aforesaid town has duly designated the following named person to attend the Annual Business Session of the Association of Towns of the State of New York, to be held during February 21, 2024, and to cast the vote of the aforesaid town, pursuant to §6 of Article III of the Constitution and Bylaws of said Association:

NAME OF VOTING DELEGATE_____

TITLE_____E-MAIL ADDRESS_____

ADDRESS_____

In the absence of the person so designated, the following named person has been designated to cast the vote of said town:

NAME OF ALTERNATE_____

TITLE_____E-MAIL ADDRESS_____

ADDRESS _____

In WITNESS WHEREOF, I have hereunto set my hand and the seal of said town this _____ day of _____, 20___.

_____
Town Clerk