



**VACo 2024 Annual Meeting  
Voting Credentials Form**

Please return completed form to: [finance@vaco.org](mailto:finance@vaco.org)  
by Friday, October 18, 2024

Voting Delegate:  
(Supervisor)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Locality: \_\_\_\_\_

Alternate Delegate:  
(Supervisor)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Locality: \_\_\_\_\_

Verified by:  
(County Administrator or Clerk of the Board)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Locality: \_\_\_\_\_

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**VACo 2024 Annual Meeting  
Proxy Statement Form**

\_\_\_\_\_ County authorizes the following person to cast its votes at the 2024 Annual Meeting of the Virginia Association of Counties on November 12, 2024.

\_\_\_\_\_, a non-elected official of this county.

-OR-

\_\_\_\_\_, a supervisor from \_\_\_\_\_ County.

This authorization is:

Uninstructed. The proxy may use their own discretion to cast \_\_\_\_\_ County's votes on any issue to come before the annual meeting.

Instructed. The proxy is limited in how they may cast \_\_\_\_\_ County's votes. The issues on which they may cast those votes and specific voting instructions are attached to this form.  
(List issues and specific instructions on a separate sheet and include with this form.)

Authorized by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Locality: \_\_\_\_\_