VACo 2020 Annual Meeting
Voting Credentials Form
Form may be returned by mail, fax (804-788-0083) or email vrussell@vaco.org

Voting Deleg (Supervisor)	ate:	
(Supervisor)	Name	
	Title	
	Locality	
Alternate Del	egate:	
(Supervisor)	Name	
	Title	
	Locality	
Certified by: (Clerk of the	Board) Name	
	Title	
	Locality	
	VACo 2020 Annual Meeting Proxy Statement  County authorizes the following person to cast its vote at	
Meeting of th	e Virginia Association of Counties on November 11, 2020.	
	, a non-elected official of this county.	
	a supervisor from	County.
This authoriza		
	cted. The proxy may use his/her discretion to castome before the annual meeting.	County's votes on
The issues on	d. The proxy is limited in how he/she may cast which he/she may cast those votes and how he/she should vote are not instructions on the back of this form)	County's votes.
Certified by:	Name	
	Title	
	Locality	