

VACANCY IN OFFICE NOTIFICATION

Unit of Government: _____

The following elected official is no longer serving:

Official's Name: _____

Office Title: _____

Term of Office: _____ Term was to expire: _____
(Number of Years) (Year)

Reason for Vacancy

Resignation Date of Resignation: ____/____/____

Death Date of Death: ____/____/____

Other Reason: _____

APPOINTMENT TO FILL VACANCY

Appointee Name: _____

Office Title: _____

Address: _____

(City)

(Zip Code)

Phone Number: _____

Date Appointed: ____/____/____

Submitted by: _____

(Signature of Local Election Official/Administrator)

(Title)

Date: ____/____/____

Phone Number: _____

Return completed form to:

Lake County Clerk

ATTN: Chief Deputy

18 N. County Street, Waukegan, Illinois 60085

Phone: 847.377.2314

Fax: 847.984.5828

E-mail: LegalNotices@LakeCountyIL.gov