

Town of _____

VACANCY IN THE APPOINTED OFFICE OF TOWN CLERK, ASSISTANT TOWN CLERK,
REGISTRAR OF VITAL STATISTICS, OR ASSISTANT REGISTRAR OF VITAL STATISTICS

I hereby certify that on _____, 20 _____, the office of

_____ was vacated due to the

_____ of _____
(reason for vacancy) (name of incumbent vacating office)

(Printed Name of Chief Executive Officer, Town Clerk,
or Registrar of Vital Statistics)

(Signature of Chief Executive Officer, Town Clerk, or
Registrar of Vital Statistics)

(Title)

To be filed with:

Secretary of the State
Legislation and Elections Administration Division
165 Capitol Avenue
Hartford, CT 06106