

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  
30 Trinity Street  
Hartford, CT 06106