Notification of Vacancy in Office

Unit of Government: _____

The following elected official is no longer serving:

Name of Official: _____

Title of Officer: _____

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

Reason for Vacancy: ☐ Resignation ☐ Death ☐ Other

Date of Resignation: ____ / ____ / ____

Date of Death: ____ / ____ / ____

Reason for Other: _____

Appointment to Fill Noted Vacancy

Appointee Name: _____

Title of Office: _____

Address: _____

_____
(City) (Zip Code)

Phone Number: _____

Date Appointed: ____ / ____ / ____

Submitted by: _____
(Signature of Local Election Official/Administrator)

_____
(Title)

Date: ____ / ____ / ____ Phone Number: _____

Returned Completed Form to:

Theresa Moore, Logan County Clerk & Recorder, 601 Broadway St., Room 20, Lincoln, IL 62656

Phone: (217) 732-4148/**Email:** elections@logancountyil.gov/**Fax:** (217) 732-6064