

## REPORT OF CITY OFFICIALS

(RSA 41:19 AND 44:1) Due 20 Days After Election or Appointment

CITY OF : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

OFFICE	NAME & MAILING ADDRESS	EMAIL & PHONE #	TERM ENDS
Mayor			
Councilors or Aldermen			

Under penalties of perjury, I declare that I have examined the information contained in this form and to the best of my belief it is true, correct and complete.

\_\_\_\_\_

City Clerk's Signature

\_\_\_\_\_

DATE

**FOR DRA USE ONLY**

NH DEPARTMENT OF REVENUE ADMINISTRATION  
MUNICIPAL SERVICES  
P.O. BOX 487, CONCORD, NH 03302-0487  
(603)271-3397

OFFICE	NAME & MAILING ADDRESS	EMAIL & PHONE #	TERM ENDS
City Assessor			
City Manager			
City Clerk			
City Treasurer			
Auditor			
Finance Director			
Tax Collector			
Trustee of Trust Funds			
Cemetery Trustees			
Library Trustees			
City Solicitor			
Conservation Commission Members			