

ANNUAL REPORT OF TOWN OFFICERS

(RSA 41:19 AND 41:23) Due 20 Days After Election or Appointment

Town Of : _____ Mailing Address: _____

SB2 ? _____ Year Adopted _____ Email Address _____

Phone #: _____ Fax #: _____ Regular Office Hours: Days _____ Hours _____

Prepared by: _____ Town Clerk Date: _____

	NAME & MAILING ADDRESS	TELEPHONE NUMBER	TERM ENDS
Town Manager			XXX
Town Administrator			XXX
Board of Selectmen			
Selectmen's Secretary			XXX
Tax Collector			
Town Clerk			
Town Treasurer			
Deputy Tax Collector			XXX
Deputy Town Clerk			XXX
Deputy Treasurer			XXX
Town Auditor			
Trustee of Trust Funds	Chairman:		
	Bookkeeper-Treasurer		
Cemetery Trustees	Chairman:		

FOR DRA USE ONLY

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

BOARDS AND COMMISSIONS

NAME & MAILING ADDRESSES

Town Planning Board

**TELEPHONE
NUMBER**

**TERM
ENDS**

Chairman			
Selectmen			

Conservation Commission

Chairman			
Clerk			
Member			
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Library Trustees

Chairman			
Alternate Trustee			
Clerk			
Member			
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BOARDS AND COMMISSIONS CONT'D

NAME & MAILING ADDRESSES

Zoning Board of Adjustment

TELEPHONE
NUMBER

TERM
ENDS

Chairman			
Member			
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Water and Sewer Department

Commission Clerk			
Commissioner			
Commissioner			

OFFICERS

NAME & MAILING ADDRESS

Town Moderator	
Town Attorney	
Supervisors of Checklist	
Health Officer	
Overseer of Public Welfare	
Chief of Police	
Town Constable	
Civil Defense Director	
Fire Chief	
Forest Fire Warden	
Librarian	
Road Agent	
Water Works Superintendent	

