

# VILLAGE DISTRICT OFFICIALS

(RSA 670:9)

Due 20 Days After Election or Appointment

Village District: \_\_\_\_\_ County: \_\_\_\_\_

In the Town of: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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.

Village District Clerk's Signature: \_\_\_\_\_

Office	Mailing Address	Daytime Phone #	Term Ends
<b>COMMISSIONERS</b>			
1. Chairman			
2			
3			
4. Clerk			
5. Treasurer			
6. Moderator			
7. Auditor			
8			
9			
10			
11			

FOR DRA USE

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