

CERTIFICATE OF APPOINTMENT TO FILL TOWN SUPERVISOR VACANCY

This is to certify that:

has been appointed to the Office of Township Supervisor of _____ Township,
County of _____. The Town Board made this Appointment on the _____ day of
_____, 20____, acting under authority of Minnesota Statute § 367.03, to fill a
vacancy that exists in that Office. This appointment shall expire upon the election and
qualification of a successor at the next annual town election.

Within ten days of the receipt of this Certificate, you must qualify for office by taking the oath of
office and making a written acknowledgement of the oath.

Witness by my hand this _____ day of _____, 20_____.

Clerk, _____ Township