



CERTIFIED VOTING DELEGATE AND ALTERNATE

The Voting Delegate or their Alternate identified below agree to participate in the KCAMP Annual Meeting.

_____ is named Voting
Name (please print) Position

Delegate for **Franklin County** for matters pertaining to KCAMP. The email address of the Voting Delegate is _____. The telephone number of the Voting Delegate is _____.

_____ is named Alternate.
Name (please print) Position

The email address of the Alternate is _____. The telephone number of the Alternate is _____.

The Voting Delegate and Alternate have been approved and have the support of the Franklin County Board of Commissioners.

Chairman of the Franklin County Board of Commissioners

ATTEST:

Franklin County Clerk

*KCAMP **must** receive this completed form for your municipality to be able to vote on KCAMP matters at the Annual Meeting. Please return this form via email to davidluke@kcamp.org by **October 1, 2022** or via U.S. Mail, postmarked by September 30, 2022, to KCAMP, 5425 SW. 7th Street, Topeka, Kansas 66606.*