



VACo 2025 Annual Meeting

Voting Credentials Form

Please return completed form to: sklaczynski@vaco.org
by Friday, October 24, 2025

Voting Delegate:

(Supervisor) Name: _____

Title: _____

Locality: _____

Alternate Delegate:

(Supervisor) Name: _____

Title: _____

Locality: _____

Verified by:

(County Administrator or Clerk of the Board)

Name: _____

Title: _____

Locality: _____

VACo 2025 Annual Meeting

Proxy Statement Form

_____ County authorizes the following person to cast its votes at the 2025 Annual Meeting of the Virginia Association of Counties on November 11, 2025.

_____, a non-elected official of this county.

-OR-

_____, a supervisor from _____ County.

This authorization is:

☐ Uninstructed. The proxy may use their own discretion to cast _____ County's votes on any issue to come before the annual meeting.

☐ Instructed. The proxy is limited in how they may cast _____ County's votes. The issues on which they may cast those votes and specific voting instructions are attached to this form.
(List issues and specific instructions on a separate sheet and include with this form.)

Authorized by:

Name: _____

Title: _____

Locality: _____