



Appointment of Chairperson, Director, or Deputy Director to Board of Elections

The board of elections of the county indicated below met on the date indicated below and appointed the following person as chairperson, director, or deputy director.

County Name

Position

Board Meeting Date (MM/DD/YYYY)

Effective Date of Appointment (MM/DD/YYYY)

If the person appointed is succeeding another individual, please complete the shaded section below. Otherwise, leave blank.

Appointed to Succeed

The former position holder

Date of position vacancy (MM/DD/YYYY)

Appointee Name, Residence Address, and Other Information

Full Legal Name

Courtesy Title

First

Middle

Last

Suffix

Street Address

City

State

ZIP Code

Home Phone (Numbers and hyphens only)

Cell Phone (Numbers and hyphens only)

Office Phone (Numbers and hyphens only)

Preferred Name (if different from above)

Date of Birth (MM/DD/YYYY)

Political Party Affiliation

Email Address

Mailing Address Information

Do you receive your mail at an address which is different than the residence address provided above? If yes, please provide your mailing address in the space provided below.

Instructions for Submission

The board of elections director must sign this form. The signed and completed form must then be transmitted to the Ohio Secretary of State by emailing the scanned form to **BoardInfo@OhioSoS.gov**.

Director Signature (Required) _____