



Elaine F. Marshall, Secretary of State
State Agency Liaison Termination Statement 2016

State Agency Information

State Agency: _____

Physical Business Address of State Agency: _____

Name and Title of State Agency's Authorized Officer: _____

Mailing Address of State Agency's Authorized Officer: _____

Telephone No. of State Agency's Authorized Officer: _____ Fax: _____

E-Mail Address of State Agency's Authorized Officer: _____

Statement of Termination

I terminate _____ [Name of Liaison] on behalf of _____ [name of agency.]

Signature of Authorized Officer

Date

Preparer Information if Other than Authorized Officer

Signature of Preparer

Date