

ILLINOIS ASSOCIATION OF COUNTY VETERANS ASSISTANCE COMMISSIONS CERTIFICATION FORM

2017

DUE BY 01-06-2017

COUNTY OF _____ DATE: _____

CITY OF _____ STATE OF ILLINOIS

TO WHOM IT MAY CONCERN: (PLEASE PRINT OR TYPE)

This is to certify that:

Comrade: _____ Office
Phone: _____

Office Address: _____

E-mail address: _____ web page address: _____

is SUPERINTENDENT; and

Comrade: _____ Home
Phone: _____

Home Address: _____

E-mail address: _____

has been duly elected/appointed IACVAC DELEGATE; and

Comrade: _____ Home
Phone: _____

Home Address: _____

E-mail address: _____

has been duly elected/appointed IACVAC ALTERNATE;

from the VETERANS ASSISTANCE COMMISSION OF _____ COUNTY,
to the Illinois Association of County Veterans Assistance Commissions, Inc.

SIGNED _____

VAC CHAIRMAN

SIGNED _____

VAC SUPERINTENDENT

MAIL TO: IACVAC Sect. Kurt Daesch
St. Clair County V.A.C.
19 Public Square, Suite 300
Belleville, IL 62220-1624
(618) 277-0040 Fax: (618) 277-9626
e-mail address: veterans@co.st-clair.il.us

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