Resignation / Appointment Form – Skagit County This form is to be completed by the jurisdiction.

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Date	<u> </u>
Name of jurisdiction/district	
District contact person	Person submitting form
Contact phone	Contact email
Resignation – please send a copy of	of resignation letter/email etc., if available
Leave blank if only doing appointment	
Name of person resigning	Position
Effective resignation date	_
Appointment – please send a cop	y of oath of office (if taken)*
No appointment at this time	
Person being appointed	Person being replaced/Position being filled
Effective start date	_
dditional notes:	

If you have any questions on how to complete this form please contact Skagit County Elections at 360-416-1702 or scelections@co.skagit.wa.us

^{*}Oath of office can be taken at the Skagit County Elections department