

OATH OF OFFICE

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

I do solemnly swear that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will faithfully discharge the duties of the office of \_\_\_\_\_ and Library Trustee according to the best of my ability.

\_\_\_\_\_  
Signature of Person Making Oath

\_\_\_\_\_  
Signature of Person Administering Oath

Date: \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

\_\_\_\_\_  
Governmental Unit

\_\_\_\_\_  
Office and Term

\_\_\_\_\_  
Elected Official's Name

\_\_\_\_\_  
Address (House Number and Street or Road Name)

\_\_\_\_\_  
City and Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone (if applicable)

THIS INFORMATION WILL BE FILED WITH THE COUNTY CLERK AND THE ILLINOIS STATE LIBRARIAN PURSUANT TO 75 ILCS 16/30-40 AND MADE AVAILABLE WHEN INQUIRIES ARE MADE BY THE PUBLIC CONCERNING LOCAL GOVERNMENT OFFICIALS.

THANK YOU.