

**Address:**

**Phone, Fax, Email:**

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

## OFFICIAL OFFICE CLOSING

COUNTY: \_\_\_\_\_

Our office was officially closed from \_\_\_\_\_ through  
Date Hour

\_\_\_\_\_ . A total of \_\_\_\_\_ days, due to inclement weather.  
Date Hour

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Signed: County Extension Coordinator

County

Date