

RECOMMENDATION FOR APPOINTMENT OR REAPPOINTMENT OF CONSERVATION DISTRICT DIRECTOR

During a board meeting held on _____, _____, Directors of the _____ Conservation District

took action for:

Reappointment

Appointment due to: Resignation Expiration of Term Death

of: _____

Recommendation(s):

Name: _____

Address: _____

Name: _____

Address: _____

For reappointment, the incumbent director attended _____ of _____ regular scheduled meetings during the immediate past term.

*If director did not attend 75% of regular scheduled meetings during the immediate past term, please attach a letter from the board outlining why the recommendation is being made.

Copy of Cooperator Agreement or Application is Attached

I have verified with the _____ County Election Board that the recommended person(s) is a registered voter within the boundaries of said conservation district.

District Representative Date

Board of Directors Representative Date

OCC Use Only
 Agenda/Action Date: _____

OCC Use Only
 Director ID: _____

OCC Use Only
 District No: _____

TO BE FILLED OUT BY APPLICANT:

(Please print legibly, all fields required)

Name:	
Date of Birth:	
Mailing Address (street/city/zip):	
Primary Phone:	Cell Phone: <input type="checkbox"/>
Alternate Phone:	Cell Phone: <input type="checkbox"/>
E-mail Address:	
Conservation District:	
Have you previously served on this or any other Conservation District Board? _____	
If yes, list district name and dates served or date began serving if no break in service:	

Signature: _____ Date: _____

A COPY OF YOUR COOPERATOR AGREEMENT OR *APPLICATION FOR COOPERATOR AGREEMENT* MUST BE SUBMITTED WITH THIS FORM.