

RECOMMENDATION FOR APPOINTMENT OR REAPPOINTMENT OF CONSERVATION DISTRICT DIRECTOR

During a board meeting held on _____ Directors of the _____ Conservation District took action for:			
Reappointment of: _____ <i style="text-align: center;">Name of Incumbent Director</i>			
OR			
New Appointment of: _____ <i style="text-align: center;">Name of Recommended Individual</i>			
Due to:	Resignation	Expiration of Term	Death
of: _____ <i style="text-align: center;">Name of Outgoing Director</i>			
For reappointment, the incumbent director attended _____ of _____ regular scheduled meetings during the immediate past term. <i>The immediate past term is all regular scheduled board meetings since the director's last appointment.</i>			
*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. _____%			
<input type="checkbox"/> 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		Date	

OCC Use Only

Term ID No: _____ Agenda/Action Date: _____ Director ID No: _____ District No: _____

TO BE FILLED OUT BY APPLICANT:

(Please print legibly, all fields required)

Full Name as It Appears on Voter Registration:	
Preferred Name, if different from above:	
Date of Birth:	
Mailing Address (street/city/zip):	
Primary Phone:	Cell Phone: <input type="checkbox"/> Alternate 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.