

**NOTIFICATION AND DECLARATION OF CANDIDACY**

Conservation District	Position Number
Name	
Address, City, State, Zip+4	
<p>For the purpose of having my name placed on the official ballot as a candidate for election for the office of Conservation District Director, I do solemnly swear or affirm that I:</p> <ol style="list-style-type: none"> <li>1. Reside in said Conservation District, and</li> <li>2. Am a registered voter within the boundaries of said Conservation District.</li> </ol>	
Signature _____ Date _____	
Subscribed and sworn to before me this _____ day of _____, _____	
Notary Public _____	
My Commission Expires _____	
<p>Please check one of the following:</p> <p><input type="checkbox"/> I have a Cooperator Agreement with said Conservation District; or</p> <p><input type="checkbox"/> I am making application for a Cooperator Agreement with said Conservation District.</p>	

I have verified with the County Election Board that the above-mentioned individual is a registered voter within the boundaries of said conservation district.

\_\_\_\_\_, District Representative

Copy of Cooperator Agreement or Application is Attached

**A COPY OF THE COOPERATOR AGREEMENT OR APPLICATION FOR CONSERVATION DISTRICT COOPERATOR AGREEMENT MUST BE SUBMITTED WITH THIS FORM**

*OCC Use Only*

Term ID Number: \_\_\_\_\_ Director ID Number: \_\_\_\_\_ District Number: \_\_\_\_\_

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