

RECOMMENDATION FOR APPOINTMENT OR REAPPOINTMENT OF CONSERVATION DISTRICT DIRECTOR

<p>During a board meeting held on _____, _____, Directors of the _____ Conservation District</p> <p>took action for:</p> <p><input type="checkbox"/> Reappointment</p> <p><input type="checkbox"/> Appointment due to: <input type="checkbox"/> Resignation <input type="checkbox"/> Expiration of Term <input type="checkbox"/> Death</p> <p>of: _____</p> <hr/> <p>Recommendation(s):</p> <p>Name: _____</p> <p>Address: _____</p> <hr/> <p>Name: _____</p> <p>Address: _____</p>

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

<p>I have verified with the _____ County Election Board that the recommended person(s) is a registered voter within the boundaries of said conservation district.</p>	
_____ District Representative	_____ Date

_____ Board of Directors Representative	_____ Date
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A COPY OF THE COOPERATOR AGREEMENT OR APPLICATION FOR COOPERATOR AGREEMENT MUST ACCOMPANY THIS FORM.

TO BE FILLED OUT BY RECOMMENDED APPLICANT:
(Please print legibly)

Name:	
Date of Birth:	
Mailing Address (street/city/zip):	
Home Phone:	Cell/Office Phone:
Primary 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: _____	

Signature: _____ Date: _____	