JAMESTOWN SANITARY DISTRICT APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT BOARD OF DIRECTORS VACANCY

Date: _____

Print Name: _____

Resident Address: _____

Mailing Address: _____

Contact Phone Number(s): _____

Email Address: _____

	Work / Volunteer / Special Experience	
Organization / City	Position	Years

Statement of Qualifications: Please describe briefly your qualifications and why you are interested in serving on the JSD Board of Directors.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Certification:

I certify that the information contained in this application is true and correct and authorize the verification of the information contained.

_____ _____

Signature Date