

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
Drainage District Commissioner

PLEASE TYPE OR PRINT IN BLACK INK

NAME: _____

ADDRESS: _____
Street City State Zip Code

EMAIL: _____ **PHONE:** _____

☐ ☐ Check Box to Have Email Address Redacted on Public Documents

NAME OF APPOINTMENT BODY OR BOARD: _____

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION. Please note that an Oath & Bond are required per statute, before each commissioner enters upon his or her duties. Please contact the attorney for the drainage district for further information regarding the Oath & Bond.**

1. Do you own land within the drainage district? Yes No
2. What experience and background do you have which you believe qualifies you for this appointment?
3. What is your knowledge of the appointed body's operations, property holdings, staff, taxes, and fees?
4. Please list any boards, commissions, or public positions to which you have been appointed or elected and are currently serving.

Signature

Date: _____