CHAMPAIGN COUNTY REDISTRICTING COMMISSION
APPLICATION FOR APPOINTMENT

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

BEGINNING DATE OF TERM: November 19, 2010 **ENDING DATE:** July 1, 2011

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 A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.

1. Why do you wish to serve on this commission?

2. What experience and background do you have which you believe qualifies you for this appointment?

3. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the appointed body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.)
   Yes_____ No_____ If yes, please explain:

_____
Signature

Date:_____