CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK

NAME:				
Street		City	State	Zip Code
EMAIL:		PHONE:		
Check B	Box to Have Email Address	s Redacted on Public Doc	uments	
NAME OF APPOINTM	MENT BODY OR BOAR	AD:		
BEGINNING DATE O	F TERM:	EN	NDING DATE:	
your background and p complete the following	Board appreciates your in philosophies will assist the g questions by typing of PPOINTMENT, OR REA TON.	e County Board in esta or legibly printing you	blishing your or response.	qualifications. Please IN ORDER TO BE
1. What experience and reappointment?	d background do you have	which you believe qualifi	ies you for this a	appointment/
	_			
	_			
2. What do you believe out the responsibiliti	e is the role of a trustee/codes of that role?	ommissioner/board memb	per and how do	you envision carrying
3. What is your knowled staff, taxes, fees?	edge of the appointed body	y's operations, specificall	y property hold	ings and management,

4.		that might possibly constitute a conflict of interest if you are pplying? (This question is not meant to disqualify you; it is No If yes, please explain:
5.	Would you be available to regularly attend the sch	neduled meeting of the appointed body?
Y	Yes No If no, please explain:	
_		
		t are true and complete. I understand this application is a
do	ocument of public record that will be on file in the Co	ounty Board Office.
		Signature
		Date