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## APPLICATION FOR APPOINTMENT BY THE OGLE COUNTY BOARD

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Date: \_\_\_\_\_

(Type or print legibly)

POSITION \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
(First) (M.I.) (Last)

ADDRESS \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

PHONE \_\_\_\_\_  
(Home) (Work)

*Qualifications Requirements:*

- |    |   |     |    |
|----|---|-----|----|
| 1) | Are you a registered voter in Ogle County in the district for which you seek appointment? | YES | NO |
| 2) | If appointed, are there any conflicts of interest?  | YES | NO |

*If you wish to make written comments, please use other side.*

I understate this application must be return to the Ogle County Clerk's Office on or before \_\_\_\_\_ 20\_\_\_\_. The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant