

Application for Board, Committee or other Appointment



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work _____ Home/Cell _____

Are you registered voter and resident in Lowndes County or the City of Columbus, MS?

In which Supervisors District do you reside or vote?

Board Appointment in which you are applying for?

Please indicate, if you are appointed, what you could bring or contribute to this Board:

Educational Background:

Job Experience:

Other Comments, if desired:

Signature: _____

Official Use Only

Date Submitted: _____

Date Announced: _____