

# 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:**

---

---

---

**Other Comments, if desired:**

---

**Signature:** \_\_\_\_\_

**Official Use Only**

**Date Submitted:** \_\_\_\_\_

**Date Announced:** \_\_\_\_\_