

MACON COUNTY APPOINTMENT REQUEST FORM

PLEASE TYPE OR PRINT IN BLACK INK
RETURN TO MACON COUNTY BOARD OFFICE
141 S. MAIN ST., DECATUR, IL 62523
OR FAX TO 424-1459
OR EMAIL TO jdurham@co.macon.il.us

NAME: _____

ADDRESS: _____
Street City County State Zip Code

EMAIL: _____ **PHONE:** _____

NAME OF APPOINTMENT OR BOARD: _____

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

The Macon 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, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.**

1. What experience and background do you have which you believe qualifies you for this appointment / reappointment?

2. What do you believe is the role of a trustee / commissioner / board member and how do you envision carrying out the responsibilities of that role?

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

4. 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 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.

5. Would you be available to regularly attend the scheduled meeting of the appointed body?
____yes ____ no if no, please explain.

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office

Signature

Date