

APPLICATION FOR DIRECTOR

WINTON WATER AND SANITARY DISTRICT

I would like to apply for the position of Director. I understand the District would like to fill this position by August 15, 2019.

APPLICANT MUST BE A REGISTERED VOTER RESIDING WITHIN THE BOUNDARY OF THE WINTON WATER AND SANITARY DISTRICT AND BE EIGHTEEN (18) YEARS OF AGE OR OLDER

NAME _____

(Please Print)

ADDRESS _____

TELEPHONE NO. () _____ **OCCUPATION** _____

EDUCATION (Highest Grade Completed) _____

REFERENCES (Must live within the District Boundary/No Relatives)

Name	Address	Occupation
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REMARKS:

If more space needed, use other side.

SIGNATURE