

OSWCC REQUEST FOR SWCD BOARD MEMBER APPOINTMENT FORM

_____ SWCD Date: _____

Name of SWCD board member who is vacating elected position on the board: _____

Number of years served: _____ Member term ends in term: _____

Reason for departure from the board: Resignation: ___ Death: ___ Other: ___

Additional Comments: _____

Name of the individual the District Board by unanimous decision is recommending for appointment by the OSWCC:

Name: _____

Address: _____

City, St Zip: _____

Phone: _____ Cell: _____ Email: _____

SWCD appointee information: (appointee's conservation and professional background)

On _____ the _____ Board of Supervisors unanimously approved by the remaining board members to recommend _____ be appointed by the OSWCC to fill the remaining term vacated by: _____.

Board Chair (signature): _____

(Submit a signed original copy of this form to the OSWCC)

For OSWCC Office Use Only

The Ohio Soil & Water Conservation Commission at their _____ quarterly meeting approved the appointment of _____ to complete a term, on the _____ SWCD Board of Supervisors, ending on December 31, 20__.

OSWCC Chair (signature): _____

(Attach a copy of this returned form to your official board meeting minutes where the action to appoint occurred)