## APPLICATION FOR JACKSON COUNTY IOWA BOARD OF REVIEW

This form helps the Conference Board evaluate the qualifications of applicants for appointment to the Board of Review.

Name:						
Address:						
Home Phone: Cell Phone:						
Business Phone:	ess Phone: Fax Number:					
E-mail Address:		emale *				
* After January 1, 2012, state law requires	a good faith effort to balance by gender most appointive	boards, commissions and committees.				
Application as:  ☐ Farmer	☐ Farmer ☐ Licensed Real Estate Broker					
☐ Registered Arc	hitect or person experienced in the build	ling and construction field				
Dl	//					
Place of employment and position (and	/or activities such as hobbies, volunteel	r work, etc. that you feel may				
qualify you for this position):	n w	DI N				
Employer and/or Activity	Position	Phone No.				
Please describe in detail why you are information about your background the		oard of Review. Include				
-						
-						
Contributions were feel were een meele	40 4ho Dooud of Dougous					
Contributions you feel you can make to the Board of Review:						
		<del></del>				
		<del></del>				

■ In addition	to the above, do you hav	ve any comments to add th	at may assist the Confe	rence Board in		
its selection?						
■ Please prov	vide two references who	can confirm your qualifica	tions for this position.			
Name	Address	Phone number	Email address	Relationship		
I certify that the	ere is nothing that would prol	hibit me from serving on this b	oard and I certify that I wil	l abstain from voting		
on any issue in	which I have a vested interes	st or that personally affects me.				
Signature		Da	ate			

## YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR

## THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.

Please Return To:
Jackson County Board of Supervisors
201 West Platt St.
Maquoketa, IA 52060

Phone: (563) 652-3181 Fax: (563) 652-6975 E-mail: <u>jcbos@co.jackson.ia.us</u>