



NOMINATION FOR SPALDING COUNTY APPOINTMENT TO:

_____ (Please insert name of Board)

To fill term of: _____ To expire: _____

Nominee's Name _____

Address: _____

City, State, Zip _____

Telephone (h): _____

Telephone (w): _____

Email: _____

Occupation: _____

Education/ _____

Background _____

Other Boards and/or

Commission(s) serving _____

on presently: _____

Comments: _____

Date Nomination Received in Office

Signature of Proposing County Commissioner

Please complete nomination form as much as possible in its entirety.
Correct contact information is absolutely essential for notification to serve.