



**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.*