

Election Year _____

**ACCEPTANCE OF OFFICE
AS DIRECTOR OF
_____ COUNTY SOIL AND WATER CONSERVATION DISTRICT**

With my affixed signature, I affirm that I will support the Constitution of the United States, and the Constitution of the State of Illinois, and that I will serve as Director of the _____ County Soil and Water Conservation District as elected appointed (choose one). I further agree to faithfully discharge the duties of this office to the best of my ability and understanding, and to represent the people of this District.

Date

(Please Print Director's Name)

(Signature)

(Address, City, State, Zip)

Completed forms are to be returned to the IDOA-BLWR Regional Representative by April 1st. Scanned + emailed preferred.
District to maintain original copy on file.

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