

**Election Year \_\_\_\_\_**

**Certification of Eligibility to Seek the Office of Director  
of the \_\_\_\_\_ County Soil and Water Conservation District**

I, \_\_\_\_\_, hereby certify that, in accordance with Sections 3.07, 3.08 and 19 of the Illinois Soil and Water Conservation Districts Act (ILCS 405/3.07, 405/3.08 and 405/19), I own or occupy land that is included within the boundaries of the \_\_\_\_\_ County Soil and Water Conservation District, and that I am of legal voting age. I further state that I am seeking election to the office of Director and hereby request that my name be added to the election ballot.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

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

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