

**ORGANIZATION OF THE BOARD – ELECTION YEAR _____
 _____ COUNTY SOIL AND WATER CONSERVATION DISTRICT**

Office Mailing Address: _____ City: _____ State: _____ Zip Code: _____

UPS Address, if different: _____ District E-mail address: _____

Telephone Number: _____ Extension _____

Please fill out the following form and **return it to the Bureau of Land and Water Resources at agr.swcdreports@illinois.gov no later than April 1st**.
 Please print or type the information and be sure of its accuracy. This information will be used for Official Records and future mailing lists.

CHAIR

VICE-CHAIR

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

SECRETARY

TREASURER

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

DIRECTOR

DIRECTOR

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Mr. Mrs. Ms.
 Name _____
 Address _____
 City, Zip _____
 Phone _____ Fax _____
 E-Mail _____
 Spouse _____

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

Not up for Election Newly Elected Re-Elected
 for a 1-year or 2-year term

NAME

E-MAIL ADDRESS

Administrative Coordinator _____
 Resource Conservationist _____
 District Conservationist _____
 SWCD District Employee _____
 SWCD District Employee _____
 SWCD District Employee _____

LIST NAMES AND ADDRESSES OF YOUR ASSOCIATE DIRECTORS

Name _____
Address _____
City, Zip _____
Phone _____ Fax _____
E-Mail _____

Name _____
Address _____
City, Zip _____
Phone _____ Fax _____
E-Mail _____

Name _____
Address _____
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