

The Unified Government of Cusseta-Chattahoochee County
215 McNaughton St. Cusseta, Ga 31805



Boards & Authorities Candidate Application

APPLICANTS MUST BE A RESIDENT OF CUSSETA-CHATTAHOOCHEE COUNTY

FULL NAME: _____ **DATE:** _____
 First **Middle** **Last**

ADDRESS: _____
 Street Address **Apt/Suite**

 City **State** **Zip Code**

E-MAIL: _____ **PHONE:** _____

1. Is there a particular Board/Authority you would be most interested in?

2. What days and/or hours are you able to attend any Board/Authority meetings if you should be appointed to serve?

3. Please provide a brief explanation of any relevant experience or skills that you feel would be beneficial to the operation of the Board or Authority

4. Are you currently serving on another Board/Authority? NO YES

If you selected yes, please list

5. Are you an immediate family member of a current elected official or any employee of the Cusseta-Chattahoochee Board of Commission? NO YES

If you selected yes, please provide their name and title.

I have answered the above questions to the best of my ability and by signing this form, I approve the information to be used solely for the purpose of selecting members to Board & Authorities under the auspices of Cusseta-Chattahoochee County Board of Commission.

SIGNATURE _____

DATE _____

PRINT NAME _____