



Service Area District Council Representative Appointment

Please complete this form and return it to the Rural Services office.

The following person has been appointed to Service Area District Council # _____.

They will serve as a representative for the _____ Service Area Commission.

Their service on the District Council is at the pleasure of the Service Area Commission.

Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

This appointment has been made in accordance with FNSB 14.12.020, Service Area District Council Membership and Representation.

Service Area Chair Signature

Date

Print Name of Service Area Chair