



## 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 14.02.020, Service Area District Council Membership and Representation.

\_\_\_\_\_  
Service Area Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Service Area Chair