



<i>For County use:</i> Rcvd Date: _____ By: _____

NOMINATION FORM

FOR APPOINTMENT TO A DUNN COUNTY BOARD

I would like to nominate the following person for a position on a Dunn County Board.

Candidate must reside within Dunn County

Candidate Name _____

Candidate phone contact _____ Candidate Email _____

Recommended board:

- Dunn County Planning Commission (4-year term)
- Dunn County Jobs Development Authority (3-year term)
- Water Resource Board (5-year term)
- Airport Authority (5-year term)
- Dunn County Weed Control Board (4-year term)
- Dunn County Housing Authority (5-year term)
- Dunn County Park Board (3-year term)

Why is this person (or yourself) a strong candidate for a board leadership role?

I am nominating myself.

I am nominating someone other than myself.

Someone from Dunn County will follow-up with the above candidate upon submission of this nomination form.
If you need further assistance please contact 701-573-4448.

Your Name _____

Signed _____ Date _____

Return this application to: Dunn County Auditor, 205 Owens St., Manning, ND 58642
via email to: Sally.Whittingham@DunnCountyND.gov