

SHERIDAN FIRE DISTRICT COMMITTEE APPLICATION FORM

Please Type or Legibly Print in Ink

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|-------------------------------|--|
| Name of the Applicant: | Applying for the Position of: |
| Primary Residence: | Requirement: A legal voter for the Sheridan Fire District; and shall not be currently affiliated with the fire district. |
| County of Residence: | |
| Contact: | Email: |
| Cell - | |
| Home- | |

Personal Information:

Occupation (Present):

Previous Employment (Brief):

Education (Schools Attended, Last Grade Completed, Degree(s) If Any):

Prior Board or Governmental Experience (Elected or Appointed):

By signing this document, I hereby verify: THAT I qualify for said office if appointed. THAT all information I provided on this application is accurate and true to the best of my knowledge.

Signature: _____ **Printed:** _____

Date Signed:

NOTE: This information is a matter of public record and may be published or reproduced.

**SHERIDAN FIRE DISTRICT
BUDGET COMMITTEE APPLICATION**

Date of Appointment:

Signature of Fire District Board President:
