

**FILLING OF VACANCY**

**BOARD OF SUPERVISORS  
CONSERVATION DISTRICT**

**ON (Date) \_\_\_\_\_, THE BOARD OF SUPERVISORS OF  
THE \_\_\_\_\_ CONSERVATION  
DISTRICT DID APPOINT:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TO FILL THE VACANCY ON THE BOARD CREATED BY  
THE RESIGNATION OF:**

**NAME:** \_\_\_\_\_

**THIS APPOINTMENT IS FOR THE DURATION OF THE  
UNEXPIRED TERM OF OFFICE, WHICH WILL END ON  
DECEMBER 31, 20\_\_\_\_.**

**CERTIFIED BY:** \_\_\_\_\_

**(CHAIRMAN)**

***IMMEDIATELY AFTER APPOINTMENT MAIL TO:  
DIVISION OF CONSERVATION DISTRICTS,  
901 S. STEWART STREET #5004, CARSON CITY, NV 89701  
PHONE (775) 684-2760 FAX- (775) 684-2761***

***SEND COPY TO COUNTY CLERK & RECORDER***