

NOTICE OF APPOINTMENT

**COUNTY OR CITY REPRESENTATIVE
_____ CONSERVATION DISTRICT**

**NAME: _____
OF, _____
(ADDRESS) _____
(PHONE) _____
(EMAIL) _____**

**WAS APPOINTED TO REPRESENT _____
(COUNTY OR CITY) ON THE BOARD OF SUPERVISORS
OF THE _____ CONSERVATION
DISTRICT.**

**THIS APPOINTMENT WAS MADE BY THE _____
CITY COUNCIL/ _____ /BOARD OF
COUNTY COMMISSIONERS ON _____, 20_____.**

**THE TERM OF OFFICE WILL BE TWO YEARS ENDING
ON DECEMBER 31, 20_____.**

**SIGNED: _____
(DISTRICT CHAIRMAN)**

***WITHIN ONE MONTH OF APPOINTMENT MAIL OR FAX TO:
STATE CONSERVATION COMMISSION
DIVISION OF CONSERVATION DISTRICTS
901 S. STEWART STREET #5004, CARSON CITY, NV 89701
PHONE - (775) 684-2760
FAX - (775) 684-2761***