

# Entity Recommendation for Appointment to Boards & Commissions



## Name of Board/Committee/Commission

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## Recommended Appointee's Information

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|--|-------------|-----------|
| Name:  |             |           |
| Street Address:  |             |           |
| City:  | State: IL   | Zip:      |
| Home Phone:  | Cell Phone: |           |
| E-Mail Address:  |             |           |
| Has Individual served on this Board/Committee/Commission before, Start Year? |             | End Year? |
| Employer/Occupation (previous if retired):                                   |             |           |

## Why Are You Recommending This Individual?

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## Entity Agreement

I affirm that the above Recommended Appointee has consented to be nominated, has the time to serve, and that this Entity approved this recommendation at a Board Meeting on: \_\_\_\_\_.

|                        |                 |
|------------------------|-----------------|
| Entity Contact Person: | Title:          |
| Contact Phone:         | Contact E-Mail: |
| Signature:             | Date:           |

Submit Application by: Email: [administration@dekalbcounty.org](mailto:administration@dekalbcounty.org)  
 Fax: (815) 895-7284  
 Mail: Administration Office, 200 N. Main St., Sycamore, IL 60178