

# Recommendation for Reappointment to Boards & Commissions



## Name of Board/Committee/Commission

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## Recommended Re-Appointee's Information

Name:		
Street Address:		
City:	State: IL	Zip:
E-Mail Address:		

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City:	State: IL	Zip:
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City:	State: IL	Zip:
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## Entity Agreement

I affirm that the above Recommended individual(s) consented to be nominated, has the time to serve, and that this Entity approved this recommendation.

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

Any Questions? Please Call: (815) 895-1630  
[www.dekalbcounty.org](http://www.dekalbcounty.org)