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## APPLICATION FOR APPOINTMENT BY THE OGLE COUNTY BOARD

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Date: \_\_\_\_\_

*Please type or print legibly*

Position: Byron Museum District

Applicant's Name: \_\_\_\_\_  
*(First) (M.I.) (Last)*

Address: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip)*

Occupation: \_\_\_\_\_

Township: \_\_\_\_\_

Phone: \_\_\_\_\_  
*(Home) (Work)*

E-Mail: \_\_\_\_\_

### Qualification Requirements:

Are you a registered voter in the Byron Museum District?      YES      NO

Do you have a conflict of interest if appointed?      YES      NO

**SUBMIT RESUMÉ OR BRIEF BIO**

I understand this application must be returned to the Ogle County Clerk's Office on or before \_\_\_\_\_. The above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature of Applicant*

MAIL TO:      OGLE COUNTY CLERK  
                 105 S. 5<sup>th</sup> Street – Suite 104  
                 OREGON, IL 61061