
**APPLICATION FOR APPOINTMENT
BY THE OGLE COUNTY BOARD**

Date: _____

Please type or print legibly

Position: _____

Applicant's Name: _____
(First) (M.I.) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Township: _____

Phone: _____
(Home) (Work)

E-Mail: _____

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

SUBMIT RESUMÉ OR BRIEF BIO

I understand this original application must be returned to the Ogle County Clerk's Office on or before _____, by 4:30 p.m. The above information is true and correct to the best of my knowledge.

Mail to:
Ogle County Clerk
105 S 5th St – Suite 104
Oregon, IL 61061

Signature of Applicant