

PETITION

TO: **SOUTH COUNTY ADVISORY COUNCIL**

Whereas: NAME: _____

ADDRESS: _____

RES. PHONE: _____ BUS. / CELL PHONE: _____

is desirous of serving as a member of the South County Advisory Council in the position of:

_____ ,

We, the undersigned residents of the area served by the Council, signify by signing below that we are acquainted with the applicant and recommend that he/she be appointed to the position indicated:

(1) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(2) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(3) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(4) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(5) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(6) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(7) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(8) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(9) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(10) NAME (PRINT) _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

(11) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(12) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(13) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(14) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(15) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(16) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(17) NAME (PRINT) _____ ADDRESS: _____
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(18) NAME (PRINT) _____ ADDRESS: _____
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(19) NAME (PRINT) _____ ADDRESS: _____
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(20) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(21) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(22) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(23) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(24) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

(25) NAME (PRINT) _____ ADDRESS: _____
SIGNATURE: _____ DATE: _____ PHONE: _____

NOTE: TEN (10) SIGNATURES ARE REQUIRED FOR AREA 1 THROUGH AREA 7 POSITIONS.
TWENTY FIVE (25) SIGNATURES ARE REQUIRED FOR AGRICULTURE, PUBLIC SAFETY AND AT-LARGE POSITIONS