



APPLICATION FOR CANDIDACY, BOARD OF TRUSTEES, WAYNOKA REGIONAL WATER AND SEWER DISTRICT

NAME: _____ LOT NO.: _____
ADDRESS: _____ CITY: _____ STATE, ZIP: _____
PHONE: _____ E-MAIL: _____

The undersigned herewith files an application as a candidate for election to the Board of Trustees of the WRWSD. By signing this application below, I herewith certify that all information contained in this application and all attachments are true and correct to the best of my knowledge and belief.

1. All dues, assessments, water charges, sewer charges, mowing charges, and fines, if any, are paid in full as they have been currently invoiced.
2. A recent photo is attached. (A good quality, passport type photo is preferred.)
3. In 150 words or less, state your educational and professional background and work experience. Also explain why you are applying for a Trustee position, how you can be of benefit to the Board and why you should be considered.

DATE: _____ SIGNATURE OF APPLICANT: _____

INSTRUCTIONS: (Any deviations will result in application being rejected.)

- APPLICATION MUST BE ON THIS FORM
- APPLICATION MUST BE SIGNED BY THE APPLICANT
- APPLICATIONS MAY BE HAND DELIVERED OR MAILED TO:
WRWSD NOMINATING COMMITTEE
1 WAYNOKA DRIVE
SARDINIA, OH 45171
- APPLICATION MUST BE RECEIVED BY THE OFFICE BY FRIDAY, April 19, 2024, 4 PM. NO EXCEPTIONS TO THIS DEADLINE WILL BE ALLOWED.

VERIFICATIONS: (To be completed by the Nominating Committee)

1. All dues, assessments and other debts have been paid.
2. A recent photograph and brief statement are attached.

Nominating Committee Chairperson

Rev. 03-2024