



FOUNTAIN HILLS SANITARY DISTRICT

16941 E Pepperwood Circle, Fountain Hills, AZ 85268

Phone: 480-837-9444 Fax: 480-837-0819 Email: fhds@az-fhds.gov

BACKGROUND AND PERSONAL DATA OUTLINE FOR APPOINTMENT TO BOARD

NAME: _____ PHONE: _____

ADDRESS: _____

_____ E-MAIL: _____

ARE YOU REGISTERED TO VOTE IN SANITARY DISTRICT ELECTIONS? YES () NO ()

PLEASE SUMMARIZE YOUR EDUCATIONAL BACKGROUND:

(Including colleges attended and degrees obtained, if any)

PRESENTLY EMPLOYED BY: _____

JOB TITLE: _____

BUSINESS ADDRESS: _____

_____ PHONE: _____ FAX: _____

CURRENT ORGANIZATIONAL MEMBERSHIPS AND OFFICES HELD: _____

PAST ORGANIZATIONAL MEMBERSHIPS & OFFICES HELD: _____

SIGNATURE: _____ DATE: _____

FOUNTAIN HILLS SANITARY DISTRICT

BOARD OF DIRECTORS

Please explain why you are interested in serving on the Fountain Hills Sanitary District Board of Directors. Also, please state what your goals and objectives in serving on the Board would be. Attach additional sheet, if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.