

**FILLING OF VACANCY**

**BOARD OF SUPERVISORS**  
**CONSERVATION DISTRICT**

ON (Date) \_\_\_\_\_, THE BOARD OF SUPERVISORS OF  
THE \_\_\_\_\_ CONSERVATION DISTRICT DID APPOINT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TO FILL THE VACANCY ON THE BOARD CREATED BY  
THE RESIGNATION OF:

NAME: \_\_\_\_\_

THIS APPOINTMENT IS FOR THE DURATION OF THE  
UNEXPIRED TERM OF OFFICE, WHICH WILL END ON  
DECEMBER 31, 20 \_\_\_\_.

CERTIFIED BY: \_\_\_\_\_

(CHAIRMAN)

**Immediately after appointment, please submit to:**

**DCNR – CONSERVATION DISTRICT PROGRAM**

**[BRE@DCNR.NV.GOV](mailto:BRE@DCNR.NV.GOV)**

***Fax# 775-684-2715***

***Mail a copy to the County Clerk & Recorder***

