

**NOTICE OF APPOINTMENT**

**COUNTY OR CITY REPRESENTATIVE**

**CONSERVATION DISTRICT**

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**NAME:** \_\_\_\_\_  
**OF,** \_\_\_\_\_  
**(ADDRESS)** \_\_\_\_\_  
**(PHONE)** \_\_\_\_\_  
**(EMAIL)** \_\_\_\_\_

**WAS APPOINTED TO REPRESENT \_\_\_\_\_  
(COUNTY OR CITY) ON THE BOARD OF SUPERVISORS  
OF THE \_\_\_\_\_ CONSERVATION DISTRICT.**

**THIS APPOINTMENT WAS MADE BY THE \_\_\_\_\_  
\_\_\_\_\_ **CITY COUNCIL/** \_\_\_\_\_**/BOARD OF**  
COUNTY COMMISSIONERS ON \_\_\_\_\_, 20\_\_\_\_\_.**

**THE TERM OF OFFICE WILL BE TWO YEARS ENDING  
ON DECEMBER 31, 20\_\_\_\_\_.**

**SIGNED:** \_\_\_\_\_  
**(DISTRICT CHAIRMAN)**

**Within one month of appointment, please submit to:**

**STATE CONSERVATION COMMISSION  
DCNR – CONSERVATION DISTRICT PROGRAM  
[BRE@DCNR.NV.GOV](mailto:BRE@DCNR.NV.GOV)  
Fax# 775-684-2715**