

# **Soil & Water Conservation District Commissioner Appointment Recommendation Form**

DISTRICT: \_\_\_\_\_ County SWCD

NAME OF NOMINEE: \_\_\_\_\_

NAME OF COMMISSIONER REPLACED: \_\_\_\_\_  
(If Applicable)

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

CITY, STATE, ZIPCODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

Upon acceptance to serve as a soil and water conservation district commissioner, I agree to devote the time required to actively participate in district affairs, including regular attendance at board meetings. I also agree to carry out the authorities of a district commissioner as set forth by the Mississippi Soil and Water Conservation Commission to the best of my ability. I recognize that in becoming a District Commissioner, I will be a public official.

Therefore, I, the undersigned, do hereby certify that I am a landowner or operator in \_\_\_\_\_ County and do hereby agree to be nominated for a SWCD Commissioner to the Mississippi Soil and Water Conservation Commission. I further certify that I have not been convicted (unless pardoned) of bribery, perjury or other infamous crime.

DATE: \_\_\_\_\_ NOMINEE SIGNATURE: \_\_\_\_\_

.....  
A majority of the commissioners of the \_\_\_\_\_ County Soil and Water Conservation District recommends to the Mississippi Soil and Water Conservation Commission the individual listed above as an appointed District Commissioner. This action has been recorded in the minutes of our board.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Commissioner)

NOTE: Send this original form to the Mississippi Soil & Water Conservation Commission.