District Name:	REGION:	Phone: ()	
Address:	District email address:	Fax: () Website:	
Meeting Time:	Location:		
DISTRICT SUPERVISORS: (please indicate if position is appointed)			
Position 1 Current term expires:	Ро	sition:	
Name:			
Address:			
Phone #s: Work Home	Email:		
Start Date of Service: Month	Year		
Position 2 Current Term I	Expires: Po	sition:	
Name:	•		
Address:			
Phone #s: Work Home Email:			
Start Date of Service: Month Year			
Position 3 Current Term Expires:	Ро	sition:	
Name:			
Address:			
Phone #s: Work Home	Email:		
Start Date of Service: Month	Year		
Position 4 Current Term Expires:	Po	sition:	
Name:			
Address:			
Phone #s: Work Home	Email:		
Start Date of Service: Month	Year		
Position 5 Current Term Expires:	Po	sition:	
Name:			
Address:			
Phone #s: Work Home	Email:		
Start Date of Service: Month	Year		
Position 6 Current Term Expires	Ро	sition:	
Name:			
Address:			
Phone #s: Work Home	Email:		
Start Date of Service: Month	Year		

Position 7 Current Term Expires:	Posit	ion:		
Name:				
Address:				
Phone #s: Work Home	Email:			
Start Date of Service: Month	Year			
Staff:				
Name: Position:				
Address:				
Phone #s: Home	Email:			
Start Date of Service				
Staff:				
Name: Position:				
Address:				
Phone #s: Work Home	Email:			
Start Date of Service				
Staff:				
Name: Position:				
Address:				
Phone #s: Work Home	Email:			
Start Date of Service				
NRCS				
Name: Position:				
Address:				
Work Phone #	Email:			
<i>Other Appt:</i> Current Term Expires:		Position:		
Name:				
Address:				
Phone #s: Work	Home	Email:		
	\$7			
Start Date of Service: Month	Year			