

SUPERVISOR'S INFORMATION DATA SHEET

SOIL AND WATER CONSERVATION DISTRICT

NAME _____
(as it appears on your Social Security Card)

MAILING ADDRESS _____
(CITY) (COUNTY) (ZIP)

PHYSICAL ADDRESS _____
(CITY) (COUNTY) (ZIP)

BUSINESS ADDRESS _____
(CITY) (COUNTY) (ZIP)

HOME TELEPHONE _____

BUSINESS TELEPHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

OCCUPATION _____

ARE YOU NOW EMPLOYED BY THE STATE OF GEORGIA? _____

HAVE YOU EVER SERVED AS A DISTRICT SUPERVISOR BEFORE? _____ **WHEN?** _____

DATE OF BIRTH _____ **M** _____ **F** _____

SPOUSE'S NAME _____

OTHER INFORMATION _____

