

**APPLICATION FOR APPOINTMENT
BY TAYLOR TOWNSHIP
FOR LOST LAKE UTILITY DISTRICT**

Also attach resume to this page

Date: _____

Please type or print legibly

Position: Lost Lake Utility District Trustee

Applicant's Name: _____

Address: _____

Township: Taylor Township

Phone: _____

Cell Phone: _____

Email: _____

If you wish to make written comments, please use the other side of this paper.

I understand that this application must be returned to the Taylor Township Clerk's address.

The above information is true and correct to the best of my knowledge.

Signature of Applicant

Return to: **Lost Lake Utility District**, 406 Lake Court, Dixon, IL 61021

OR to: **Taylor Township**, c/o Jo Ann Reynolds, 6058 S. Daysville Rd., Oregon, IL 61061