BOARD OF EQUALIZATION APPLICATION/NOMINATION FORM

A. Name:						
	First	Middle	Last	Lineage		
B. Address:						
				THE COMMAND		
	P.O. Box/Street Address	City	State	Zip/Zip4		
C. Education:	Indicate the highest level	High school□	Grade completed:			
	completed:					
			***************************************	~		
		College	tion)			
	School/College/University) Obtained	Years of Study		
	School/College/Offiversity	Degree(s) Obtained	rears or Study		
E. Civic Involvement	Indicate civic clubs, organization	nization, etc. in which you are involved and offices held, if any.				
	T AND THE STATE OF					
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	Q3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4					
F. Elected posts held), governmental or otherwise, you have held Term(s) of Office				
·	or	r currently hold				
	max.					
	-					

G. Qualifications	Indicate additional credentials that you possess that you believe uniquely qualify you for					
	appointment as a jury commiss	sioner.				
	TITLE 1					
			<u> </u>	No. 16		
H. References	Please provide the names, addresses, and telephone numbers for three (3) persons with					
	whom you have worked or have close personal relationships					

Name	Address	City	Zip	Phone Number
Name	Address	City	Zip	Phone Number
Name	Address	City	Zip	Phone Number

Additional information: