

Crescent Heights Water Supply

P.O. Box 375 * Highway 31 West * Athens, Texas 75751 * (903) 677-3946

APPLICATION FOR BOARD OF DIRECTOR'S POSITION OF THE CRESCENT HEIGHTS WATER SUPPLY CORPORATION

Application forms to be completed and submitted to the Corporation's main office at **9430 State Hwy 31 W. Athens, TX 75751**, **by email at manager@CrescentHeightsWater.com** or **at P.O. Box 375 Athens, TX 75751.**

Section 1

Biographical Information Applicant's

Name: _____

Mailing

Address: _____

Service Address (if different than mailing address):

Phone #: _____ Email _____

Water Supply Corporation Member Since: year (if any interruptions in years of service, please list) _____

Section 2

Director Position Sought:

(if system has distinguishing numbers for individual director positions such as district # or director #1, please list, if not applicable list as Not Applicable): Experience/Qualifications (will be printed and sent to members with ballot)

Previous Committee/Community Involvement/Director, etc. Experience: Professional

Experience:

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Education:

Section 3

Personal Statement (will be printed and sent to members with ballot, 100-word limit):

Section 4

Affirmation and Pledge to Serve:

I, applicant's name will be at least 18 years of age on the first day of the director term; am a member of the Corporation; have not been determined by a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote; and have not been finally convicted of a felony. (See Texas Water Code, Section 67.0051) I have reviewed the Corporation's bylaws and certificate of formation and I meet the qualifications set forth therein and if elected I agree to comply with all governing documents, board policies and complete Texas Open Meetings Act Training within ninety days of my election date. Additionally, if elected, I pledge to serve in a director position on the Corporation's Board of Directors, and will do my best to attend all meetings, regular or special, as designated by the board. Under penalties of perjury, I declare that I have reviewed the information presented in this Application, including accompanying documents, and to the best of my knowledge and belief, the information is true, correct and complete.

Signature of Applicant _____ **Date** _____

(The Corporation shall ensure all applicants have access to review
Bylaws, Certificate of Formation and Board Policies)

Crescent Heights Water Supply Corporation is an equal opportunity provider and employer.
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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