Board ID#_____
Position ID# Office Only

Tennessee Department Of State
Division of Publications

Open Appointments

Notice of Appointment

One copy of this form for **EACH** new appointment.

Board Name: _____

Appointed By: _____

Appointed Member is ☐ Replacing Previous Member ☐ Reappointment ☐ New/Reactivated Position
Name of Previous Member (if applicable): _____

Appointed Member Name: _____

Address : _____

_____ **Tn** _____
City **State** **ZIP**

Phone: _____

County: _____

House District: _____

Senate District: _____

Sex: ☐ **Male** ☐ **Female**

Race: _____

Term: mm/dd/yyyy **to** mm/dd/yyyy

Position Qualifications: (Indicate all statutory requirements the appointee of this particular position must fulfill; e.g.: appointee must reside in West Tennessee, must represent private citizens, or must represent industry or teachers, etc.)

This form was prepared by:

Name: _____

Phone: _____

Email: _____

Date Submitted: mm/dd/yyyy

Office Use Only
Form Received: _____

Submit **Reset**