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Board ID# \_\_\_\_\_  
Position ID# \_\_\_\_\_

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 : \_\_\_\_\_

City

Tn

State

ZIP

Phone: \_\_\_\_\_

County: \_\_\_\_\_

House District: \_\_\_\_\_

Senate District: \_\_\_\_\_

Sex:  Male  Female

Race: \_\_\_\_\_

Term: \_\_\_\_\_ to \_\_\_\_\_

**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: \_\_\_\_\_

Office Use Only

Form Received: \_\_\_\_\_

