

# VECTOR CONTROL DISTRICT BOARD MEMBER APPLICATION

To be considered for appointment on one of the Vector Control District Boards, the information requested on this application must be completed or an explanation of why the information is not provided must be given. Oregon law requires all Vector Control District Board members be electors of that particular Vector Control District. Please choose which Vector Control District you are applying for:

Klamath\_\_\_\_\_ Poe Valley\_\_\_\_\_ Chiloquin\_\_\_\_\_ Bly\_\_\_\_\_ Bonanza/Langell Valley\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

City/Zip Code

**Mailing Address:** \_\_\_\_\_

If Different from Street Address

City/Zip Code

**Email Address:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Alternate/ Message Phone** \_\_\_\_\_

**Birth date** (to avoid confusion with similar names): \_\_\_\_\_

**Highest level of education completed:** \_\_\_\_\_

**How long have you lived in the District?** \_\_\_\_\_

**UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## **Please attach personal resume**

Completed Applications must be submitted to: The Board of County Commissioners  
305 Main Street, 2nd Floor  
Klamath Falls, OR 97601  
Fax: 541-883-5163 or Email: [bocc@klamathcounty.org](mailto:bocc@klamathcounty.org)

---

## **CERTIFICATE OF COUNTY CLERK**

The above named applicant \_\_\_\_\_ is \_\_\_\_\_ is not an elector of the \_\_\_\_\_  
Vector Control District.

\_\_\_\_\_  
**COUNTY CLERK**

\_\_\_\_\_  
**Date**