

# HENRY COUNTY BOARD OF SUPERVISORS

## Nominee Information Form

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

Address: \_\_\_\_\_

Voting District: \_\_\_\_\_ Employer: \_\_\_\_\_

Commission(s) or Board(s) on which you are interested in serving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your background, training, or experience which you feel would contribute to this group (you may attach a resume):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for the agency and/or its Board/Commission on which you are interested in serving? Yes No

If so, when? \_\_\_\_\_

\_\_\_\_\_  
*Signature*

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

Please return to:  
**Benny Summerlin**  
**Henry County Administrator**  
**P. O. Box 7**  
**Collinsville, Virginia 24078**