

**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 Board/Commission on which you are interested in serving?      Yes      No

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

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

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

Please return to:  
Tim Hall  
Henry County Administrator  
P. O. Box 7  
Collinsville, Virginia 24078