

Notice of Appointment



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Secretary of State

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<i>For Office Use Only</i>
Board ID
Position ID

One Copy of this form for **EACH** new appointment or reappointment
This information is required to be submitted to the Secretary of State pursuant to Tenn. Code Ann. § 10-7-603.

Board Name:

Appointed By:

Appointed Member Is: Replacing Previous Member Reappointment New Position
Name of Previous Member (if applicable)

Appointed Member Name:

Address:

Residential Address* (if different from above):

Phone:

County:

House District:

Senate District:

*Districts are based on residential address

Term: to

Voluntary information:

Sex: Male Female

Race:

Position Qualifications: Indicate the statutory requirements of this **particular position**.

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This form was prepared by:

Name:

Phone:

Email:

Date Submitted:

For questions, email publications.information@tn.gov