

Special District Report Form

District Board Membership	
Designated Meeting Date, Time, & Place	
President/Chair:	Term Expires (Mo/Day/Yr):
P. O. Box/Street	First Full Term <input type="checkbox"/>
City:	Second Full Term <input type="checkbox"/>
Zip Code:	Third or more Full Term <input type="checkbox"/>
Telephone:	Filling Unexpired Term <input type="checkbox"/>
Vice President:	Term Expires (Mo/Day/Yr):
P. O. Box/Street	First Full Term <input type="checkbox"/>
City:	Second Full Term <input type="checkbox"/>
Zip Code:	Third or more Full Term <input type="checkbox"/>
Telephone:	Filling Unexpired Term <input type="checkbox"/>
Secretary:	Term Expires (Mo/Day/Yr):
P. O. Box/Street	First Full Term <input type="checkbox"/>
City:	Second Full Term <input type="checkbox"/>
Zip Code:	Third or more Full Term <input type="checkbox"/>
Telephone:	Filling Unexpired Term <input type="checkbox"/>
Treasurer:	Term Expires (Mo/Day/Yr):
P. O. Box/Street	First Full Term <input type="checkbox"/>
City:	Second Full Term <input type="checkbox"/>
Zip Code:	Third or more Full Term <input type="checkbox"/>
Telephone:	Filling Unexpired Term <input type="checkbox"/>
Member:	Term Expires (Mo/Day/Yr):
P. O. Box/Street	First Full Term <input type="checkbox"/>
City:	Second Full Term <input type="checkbox"/>
Zip Code:	Third or more Full Term <input type="checkbox"/>
Telephone:	Filling Unexpired Term <input type="checkbox"/>
	Non Board Member <input type="checkbox"/>

Special District Report Form

Member:	Term Expires (Mo/Day/Yr):	
P. O. Box/Street	First Full Term	<input type="text"/>
	Second Full Term	<input type="text"/>
City:	Third or more Full Term	<input type="text"/>
	Filling Unexpired Term	<input type="text"/>
Zip Code:		
Telephone:		
Member:	Term Expires (Mo/Day/Yr):	
P. O. Box/Street	First Full Term	<input type="text"/>
	Second Full Term	<input type="text"/>
City:	Third or more Full Term	<input type="text"/>
	Filling Unexpired Term	<input type="text"/>
Zip Code:		
Telephone:		
County Judge Executive:	Term Expires (Mo/Day/Yr):	
	While In Office	
P. O. Box/Street	First Full Term	<input type="text"/>
	Second Full Term	<input type="text"/>
City:	Third or more Full Term	<input type="text"/>
	Filling Unexpired Term	<input type="text"/>
Zip Code:		
Telephone:		

District Name _____

Address _____

Service Area _____

Date _____