# Filling Supervisor Vacancy Checklist

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| CURRENT SUPERVISOR | |
| Name: |  |
| Address: |  |
| Term Ends: |  |
| Date Started on Board: |  |
| Reason for Leaving Board: |  |

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| CHECKLIST | | |
|  | Received resignation letter or proof of inability to serve |  |
|  | Solicited petitions from constituents – blank petitions available on DOC website |  |
|  | District considered demographics of county |  |
|  | District ensured petitioner is at least 18 years of age |  |
|  | District ensured petitioner lives in the county |  |
|  | District considered whether petitioner has been convicted of a felony (people with felony convictions are not legally allowed to hold office) |  |
|  | District considered whether petitioner can be bonded for the amount the district needs |  |
|  | District considered whether petitioner is willing to attend all district events |  |
|  | District voted to recommend one petitioner for vacancy |  |
|  | District sent information to [conservation@ky.gov](mailto:conservation@ky.gov)   * Resignation letter * All petitions received * Letter from board recommending 1 petitioner |  |
|  | New supervisor signed Oath of Office after commission approval |  |
|  | Oath of Office returned to Johnna McHugh |  |

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| RECOMMENDED NEW SUPERVISOR | |
| Name: |  |
| Address: |  |
| Term Ends: |  |

**NOMINATING PETITION FOR UNEXPIRED TERM FOR THE OFFICE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY CONSERVATION DISTRICT**

The undersigned petitioners being voters of the same district of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Conservation District of the State of Kentucky do hereby nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the county of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve the unexpired term of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, District Supervisor, whose term expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Candidate

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|  | Social Security No. or Birth Date | Signature of Petitioner | Address |
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|  | Social Security No. or Birth Date | Signature of Petitioner | Address |
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