BOARD OF EQUALIZATION APPLICATION FORM

Instructions:

Complete the following form and return it to the Liberty County Grand Jury; c/o Clerk of Superior Court of Liberty County; Suite 1200; Liberty County Justice Center; 201 South Main Street; Hinesville, Georgia 31310.

Each Grand Jury has its own method of selecting members and alternate members of the Board of Equalization. However, your application will be submitted by the Clerk for the Grand Jury's consideration.

If you are selected, you will receive notification from the Clerk in the form of a precept, delivered by a deputy sheriff of Liberty County, providing you a date and time for subscribing the oath of office required by law and receiving instructions from a superior court judge or the Clerk.

BOARD OF EQUALIZATION APPLICATION/NOMINATION FORM

(Please attach a current resume).

A. Name:						
	First	Middle	Last	Lineage		
B. Address:	1 1131	iviidale	Lasi	Lineage		
	P.O. Box/Street Address	City	State	Zip/Zip4		
Contact Numbers:	Home:	Work:	Cell:	Other:		
C. Education:	Indicate the highest level completed:	High school□	Grade completed:	_		
		College	(Complete next section)			
	School/College/University	-	Obtained Years of Study			
	Concon Concego, Crit Clotty		Obtained	Todio of Olday		
E. Civic Involvement	Indicate civic clubs, organization	on, etc. in which you are involved and offices held, if any.				
L. Givie involvement	maioate entre elabe, elgambate	on, oto: in third you are involved and emoce flow, if any.				
F. Elected posts held	Indicate any elected effice(s)	novernmental or other	wise you have hold	Term(s) of Office		
r. Elected posts field		governmental or otherwise, you have held currently hold Term(s) of Office				
O Ovelifications			baliana maiamalm			
G. Qualifications	appointment as a jury commiss	cate additional credentials that you possess that you believe uniquely qualify you for ointment as a jury commissioner. (Attach additional sheet if necessary).				
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H. References		Please provide the names, addresses, and telephone numbers for three (3) persons with whom you have worked or have close personal relationships					
	Name	Address	City	Zip	Phone Number		
	Name	Address	City	Zip	Phone Number		
	Name	Address	City	Zip	Phone Number		

Additional information: