



Cochrane-Fountain City School District

S2770 State Highway 35 Fountain City, Wisconsin 54629

Mr. Troy White
Superintendent
twhite@cfc.k12.wi.us
608-687-7771 x313

Mr. Steve Stoppelmoor
Principal
sstoppelmoor@cfc.k12.wi.us
608-687-4391 x102

Mrs. Sue McKay
Assistant Principal
smckay@cfc.k12.wi.us
608-687-4391 x106

Larry Cyrus, President
Kalene Engel, Vice President
Niki Secrist, Clerk
Lynn Doelle, Treasurer
Don Baloun, Director
Bonnie Breza, Director
Darrin Dillinger, Director

COCHRANE-FOUNTAIN CITY SCHOOL DISTRICT DECLARATION OF ELIGIBILITY TO HOLD OFFICE AS AN APPOINTEE TO THE SCHOOL BOARD

This document shall be sworn before a notary or other person who is authorized to administer oaths.

I, _____, being duly sworn, state that
(Print the name of the person wishing to be considered for appointment)

I am willing to be considered for selection to the office of school board member, as an appointee to fill a vacancy and that I meet the applicable age, citizenship, residency, and voting qualification requirements prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for the office if I am selected to fill a vacancy on the School Board of the Cochrane-Fountain City School District.

I further state that I have not been convicted of a felony in any court within the United States for which I have not been pardoned and that I know of no reason that would otherwise make me ineligible to hold the above-identified office.

My present address, including my municipality of residence for voting purposes is:

Town of _____ OR Village of _____ OR City of _____

(House or Fire No./Street Name

Mailing Municipality and State

Zip code)

(Signature of the person, named above, wishing to be considered for appointment)

STATE OF WISCONSIN

County of _____ ss.
(County where sworn)

Subscribed and sworn to before me this _____ day of _____, 20_____.

(Signature of person authorized to administer oaths)

(Printed name)

____ Notary Public or _____
(Official title, if not a notary)

For a Notary: My commission expires _____ or _____ is permanent

NOTARY SEAL NOT REQUIRED