

The Delaware County Board of Review has an opening for a member who is a farmer. The Board of Review serves as a Board to review property assessments and meets during the month of May each year during the daytime hours as required. In every odd numbered year, there may be an equalization session from October 10 to November 15. Applications can be found at [www.co.delaware.ia.us](http://www.co.delaware.ia.us). or can be picked up at the Assessor's Office. Send applications to the Delaware County Assessor's Office 301 E. Main Street Manchester, Iowa 52057. Applications will be received until November 3, 2017.

Application for Delaware County Board of Review

Please Return To:

Delaware County Assessor 301 E. Main, Manchester, Iowa 52057

Phone 563-927-2526

Application For: Board of Review

Date \_\_\_\_\_ E-mail address \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

This form assists the Assessor in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointed boards, commissions, committees, and councils to gender by January 1, 2012, and each year thereafter.

\_\_\_\_ Female \_\_\_\_ Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How much time will you be willing to devote in this position? \_\_\_\_\_

\_\_\_\_\_

Interest in appointment: Describe in detail why you are interested in serving on the Board of Review.

Include information about your background that supports your interest. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contributions you feel you can make to the Board. \_\_\_\_\_

---

---

Direction/role you perceive of this Board: \_\_\_\_\_

---

Other comments that may assist the Assessor in the selection process? \_\_\_\_\_

---

---

---

Please provide 2 references who may be contacted on your qualifications for this position: Include name, address, phone number, email address and relationship.

---

---

---

---

I certify that there is nothing that would prohibit me from serving on this Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Your application will be retained in our files for one year. This application is a public document and as such can be reproduced and distributed to the public.