Jackson County Sports Complex Authority
Application Form

Submit application AND resume to the County Clerk at mspino@jacksongov.org no later than NOON on Friday, April 4, 2025. If needed, **notaries are available in the Clerk's office by making an appointment** on our website at jacksongov.org/clerk.

Personal Information

Name: _____

Address: _____

Email: _____

Phone Number: _____

Questionnaire:
Applying for the following panel: _____Republican _____Democrat (check one)

Why are you interested in this position on the Jackson County Sports Complex Authority?

_____

_____

_____

_____

Are your State taxes paid:

YES _____ NO _____

Are your County taxes paid:

YES _____ NO _____

Declaration:
By signing below, I affirm that the information provided in this application is true and accurate to the best of my knowledge.

Signature: _____

Notarization:
State of _____
County of _____

On this _____ day of _____, 2025, before me, a Notary Public in and for the said county and state, personally appeared the above-named applicant, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

Notary Public: _____

My Commission Expires: _____