LANCASTER COUNTY BOARDS & COMMISSIONS APPLICATION FOR SERVICE

Name Mark E. Strickland		County Council District 6th	
Mailing Address		City/ZipCity/Zip	
		Registered Voter yes no	
Tel. Number (home)	(work)	(other)	
	Email:		
Occupation Retired	Place of emp	oloyment N/A	
Address		Normal working hours	
(most meetings are scheduled after 6:	:00 pm - lack of atter	ndance can be reason for replacement on a commission)	
Name of Board or Commission in which	ı you are interes	sted	
1st choice Serve on KLCB Board	2no	d choice	
3rd choice			
Why do you feel you are qualified to se skills & interests. (continue on separate		ards? In addition, note education, areas of expertise,	
Do you presently serve any State, Count	y or Municipal	Boards? Yes If yes, list KLCB	
Have you ever served on a county board	l? YesI	f yes, list ^{KLCB}	
Additional pertinent information			
Applicant's signature Receipt of applic. Key 240495473334055740244	.com	Date 6/5/23" ont. Applicants will be notified of appointments by mail.	

 $\textbf{Return completed application to Sherrie Simpson, Lancaster County Council Office, P.O. \, \textbf{Box} \, \textbf{1809}, Lancaster, \textbf{SC} \, \textbf{29721} \, \textbf{$