

# Pre-election/Pre-appointment Certification Application

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

## Indicate the certification for which you are applying

- Township assessor  
CIAO \_\_\_\_\_  
Introductory \_\_\_\_\_  
Were you elected previously?  Yes  No      Jurisdiction \_\_\_\_\_
- Supervisor of assessments

## Indicate the position

- Appointed  
 Elected  
 Contractual

## Indicate your time frame and intent

- I plan to be appointed on (indicate month and year) \_\_\_\_ / \_\_\_\_ \_\_\_\_.
- I plan to file nominating papers in (indicate year) \_\_\_\_.
- I plan to participate in a caucus in (indicate year) \_\_\_\_.

## Tell us the following information about yourself

Name \_\_\_\_\_ Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Number and street \_\_\_\_\_ Township of candidacy \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County of candidacy \_\_\_\_\_

Fax number \_\_\_\_\_ Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

## Sign here

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

**Mail this form to:**    ATTN REBECCA REDENBO  
                                 ILLINOIS DEPARTMENT OF REVENUE  
                                 PO BOX 19033  
                                 SPRINGFIELD IL 62794-9033

Call us at: **217 785-7311**  
or fax:     **217 782-9932**  
or email: **rebecca.redenbo@illinois.gov**

\_\_\_\_\_ For Illinois Department of Revenue Use Only \_\_\_\_\_

Certified \_\_\_\_\_ Date \_\_\_\_\_