



Board Member Reappointment Form

All candidates for reappointment must complete this top section. By signing this form (electronically or by hand), you are confirming your willingness to continue serving on the identified board if reappointed.

Name (printed or typed): Karen Krieger Date: 12/5/19

Signature: Karen Krieger

Board: ZAP Tier II Advisory Board

If your contact information has changed since you submitted your original application, please include the updated information here. If nothing has changed, please leave this section blank.

Preferred Pronouns: _____
example: "He/Him/His"

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Alternate Phone Number: _____

Salt Lake County Council District #: _____

Please provide the County District related to your residential address. To determine which district you live in, go to <http://slco.org/council/district-map>, click "Interactive Map", and enter your address in the Search bar.

This section should be filled out by the Board Coordinator

This is a 3 year term. The new term would begin 1/1/2020 and end 12/31/2022

Comments: _____