

Members of the Board of Equalization must meet the following qualifications pursuant to O.C.G.A. 48-5-311(b):

- * Be at least a high school graduate
- * Own real property in Morgan County
- * Not be the holder of any elective office in state or local government or held any such office within a period of two years preceding appointment
- * Not be a member of the governing authority of a county, municipality, or consolidated government, member of a county or independent board of education, member of the county board of tax assessors, employee of the county board of tax assessors, or county tax appraiser.
- * Complete required 40 hours of training the first year and continuing education annually.
- * Not be a convicted felon (unless constitutional rights have been restored)

MORGAN

**COUNTY BOARD OF EQUALIZATION
APPLICATION**

APPLICANT INFORMATION

| | | | |
|----------------|----------------|------------------|------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |

EDUCATION

| | | | | | | |
|--------------------|---------|-------------------|------------------------------|-----------------------------|--------|--|
| High School | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| College | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Other | Address | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |

OTHER QUALIFICATIONS

List property owned by applicant

| | | |
|-----------------------------|--|--|
| Address / Legal Description | | |
| Address / Legal Description | | |

Elected posts held with terms of office

Have you ever been convicted of a felony? YES NO

PREVIOUS EMPLOYMENT / EXPERIENCE

| | |
|----------------------------------|-------|
| Company | Phone |
| Address | Years |
| Company | Phone |
| Address | Years |
| Other Relevant Experience | |

DISCLAIMER AND SIGNATURE

After reviewing the qualifications and training requirements, please sign below indicating that you meet the qualifications and that you agree to comply with the training requirements:

Signature _____ Date _____

Print _____