

Open Appointments

Add/Edit Agency

Use this form to add a new agency or edit information on a current agency.

Purpose: Adding a New Agency Reactivating an Agency Editing a Current Agency

Board Name: _____

Department: _____

Address: _____

_____ Tn
City State ZIP

Phone: _____

Statewide Jurisdiction: Yes No

Statutory Authority: _____

Number of Members: _____

Origination Date (if applicable): _____ Expiration Date (if applicable): _____

Appointing Authority: _____

Meeting Schedule (if any): _____

Hours Per Month Required by Members (if any): _____

Member Compensation (if any): _____

Agency Appropriations or Funding (if any): _____

Chairperson: _____

Contact Person: _____

Contact Person Phone: _____

This form was prepared by:

Name: _____

Phone: _____

Email: _____

Date Submitted: _____

Office Use Only
Form Received: _____

