

East Aldine Management District Board Candidate Information Form

Full name:			_
Occupation and nature of busine	ess:		_
Business name and address:			
Street		City/State/Zip Code	
Business telephone:	FAX:	E-mail:	_
Home address:			_
Street		City/State/Zip Code	
Home telephone:	FAX:	E-mail:	_
owner of store (name of corp owner of a be (name of trust) agent, employ (name of pers	ress if different from residence: ck, whether beneficial or otherwise poration and property address: eneficial interest in a trust that ow t and property address: every energy address: every e	ation or trust that owns property in the district perty address:	
		and professional experiences you have had that will in serving the public good. Use additional sheets	
Signature		Date	

Please submit to:

East Aldine Management District Nominating Committee c/o Monica Campos 2909 E. Aldine Amphitheatre Dr., Ste. 200 Houston, TX 77039

or email to: mcampos@haweshill.com