



Date: _____

To: Texas State Soil and Water Conservation Board

Re: District changes

District Name: _____ SWCD # _____

Check all that apply and list changes below:

___ Change of district address

___ Change of district phone #

___ Change of district email address

___ Change of district fax #

___ Change of district meeting date

___ Change of employee

___ Change of district meeting time

___ Change of director's contact info

___ Change of district meeting place

___ Death of director: Name: _____

Date of death: _____

___ Do you have social media that you would like to make us aware of? If so, please list:

___ Other changes: _____

Signature

Title

Date

Please submit form to claims address: claims@tsswcb.texas.gov

Or mail to: TSSWCB 1497 Country View Lane Temple, TX 76504-8806