

*White River Flowage Lake Management District  
P.O. Box 573, Wautoma, WI 54982*

**Appointment of Representative Form**

As of this date \_\_\_\_\_, I appoint \_\_\_\_\_  
to be my official representative to the White River Flowage Lake  
Management District (WRFLMD). I assign all my rights as an eligible  
elector of the WRFLMD (including voting rights) to this person who will be  
able to vote in accordance with Section 2 of Article II of the WRFLMD By-  
Laws. This appointment will remain in effect until further notice. I  
understand that this assignment does not affect property ownership or  
responsibility for payment of WRFLMD fees.

\_\_\_\_\_  
Property Owner (print name)

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Date

**Rescind Appointment of Representative Form**

As of this date \_\_\_\_\_, I rescind my appointment of  
\_\_\_\_\_ as my official representative to the  
White River Flowage lake Management District (WRFLMD).

\_\_\_\_\_  
Property Owner (print name)

\_\_\_\_\_  
Property Owner (signature)

\_\_\_\_\_  
Date