

**Public Library Board of Trustees List  
City-County Library District  
Statute 182.291**

Name of Library District:

Street Address:

Mailing Address:

Phone Number:

**Current Officers**

- |                          |  |                    |
|--------------------------|--|--------------------|
| 1. President Name:       |  | Year Term Expires: |
| President Email Address: |  |                    |
| 2. Treasurer Name:       |  | Year Term Expires: |
| Treasurer Email Address: |  |                    |
| 3. Vice President Name:  |  | Year Term Expires: |
| 4. Secretary Name:       |  | Year Term Expires: |

**Current Members**

- |                 |  |                    |
|-----------------|--|--------------------|
| 5. Member Name: |  | Year Term Expires: |
| 6. Member Name: |  | Year Term Expires: |
| 7. Member Name: |  | Year Term Expires: |
| 8. Member Name: |  | Year Term Expires: |
| 9. Member Name: |  | Year Term Expires: |

**Departing Members**

- |                                 |  |                    |
|---------------------------------|--|--------------------|
| 1. Departing Member Name:       |  | Year Term Expired: |
| Term Expired? (Yes or No):      |  |                    |
| Name of Member Filling Vacancy: |  |                    |
| 2. Departing Member Name:       |  | Year Term Expired: |
| Term Expired? (Yes or No):      |  |                    |
| Name of Member Filling Vacancy: |  |                    |
| 3. Departing Member Name:       |  | Year Term Expired: |
| Term Expired? (Yes or No):      |  |                    |
| Name of Member Filling Vacancy: |  |                    |

**The Board of Trustees listed above have been appointed and hold their position on the library board in accordance with the laws of Missouri.**

Signature of Authorized Official \_\_\_\_\_

Date:

Printed Name of Authorized Official:

Title of Authorized Official: