



**Association of Public-Safety Communication Officials  
KY Chapter**

**Intent to Serve**

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*(Office filing for)*

Name: \_\_\_\_\_

APCO Member Number: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Years with APCO: \_\_\_\_\_

Other Offices Held in APCO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



What interests you about the office? \_\_\_\_\_

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Authorization to Serve**

Some offices with in KY APCO may require travel within the state of KY and outside of KY. By the Department Head, Fiscal Court, City Council, or Governing Board signing this you are authorizing the applicant to file for office in KY APCO.

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

Please return by email to current President and 1<sup>st</sup> Vice President of KY APCO.