



November 8, 2024

Dear District 3 Voting Member:

A caucus will be held at the Macomb McDonough County Public Transportation Building located at 701 East Pierce Street, Macomb, IL in conjunction with a training session (see enclosed brochure) on January 8, 2025.

Currently, Wayne Dixon from Mason City is your representative and is up for re-election for a 3 year term.

To be eligible to vote you must:

1. Represent a current paid Voting member (water and/or wastewater system) as stated in the by-laws passed at the 1996 Annual Meeting.
2. Return the enclosed delegate form.
3. Be named as the delegate (or alternate in the absence of the delegate).

**Proxy voting shall not be allowed.**

Upon selection of delegate & alternate, mail the enclosed form in the envelope provided or fax to 217-824-8638. The deadline for returning your form is ***Wednesday, December 25, 2024.***

We encourage each voting member system to have a representative at this meeting, as this is your chance to elect the director of your choice in your district.

All nominations will be taken from the floor that day and the nominees will have 5 minutes to state their cause and then 5 minutes will be allowed for questions & answers from the floor. After the nominations have been closed a ballot will be handed out to each delegate and a vote will be taken. The winner will be announced at the meeting that day. **All nominees must be in attendance to be put on the ballot.**

If you have any questions regarding being a district representative, please call the office at 217-287-2115 and ask for Don. He would be glad to explain the duties of this position.

Sincerely,

Greg Bates  
President

**ILLINOIS RURAL WATER ASSOCIATION  
2025 DISTRICT 3  
DELEGATE FORM**

**YOU MUST REPRESENT A CURRENT VOTING MEMBER  
IN DISTRICT 3 TO BE ELIGIBLE TO VOTE IN THIS ELECTION.**

Please fill out and return in the envelope provided or fax to 217-824-8638 by: **Wednesday, December 25, 2024.**

Voting Delegate: \_\_\_\_\_

Alternate: \_\_\_\_\_

System Representing: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone # of System: \_\_\_\_\_ Phone # of Delegate: \_\_\_\_\_

Selection was made on \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Signature: \_\_\_\_\_ or \_\_\_\_\_  
(President/Mayor) (Secretary/City Clerk)

**MUST HAVE AT LEAST ONE SIGNATURE**

**\*\*YOU MUST RETURN THIS FORM AS WELL AS THE  
TRAINING SESSION REGISTRATION  
IF YOU PLAN ON ATTENDING  
THE SESSION AND VOTING IN THE CAUCUS\*\***