



November 17, 2025

Dear District 4 Voting Member:

A caucus will be held at the Brian J Munz Safety Complex located at 320 W Locust St, Fairbury, IL in conjunction with a training session (see enclosed brochure) on January 7, 2026.

Currently, Jay Bell from Chenoa is your representative and is up for re-election for a 3 year term.

To be eligible to vote you must:

1. Be a direct employee or representative of a current IRWA System Member with Voting Rights (10,000 or less population), 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 24, 2025***.

We encourage each voting member 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
OFFICIAL DISTRICT 4
DELEGATE FORM
2026**

**YOU MUST BE A VOTING MEMBER IN DISTRICT 4 TO BE
ELIGIBLE TO VOTE IN THIS ELECTION.**

Please fill out and return in the envelope provided or fax to 217-824-8638 by: ***December 24, 2025.***

Voting Delegate: _____

Alternate: _____

System Representing: _____

Mailing Address: _____

City/State/Zip: _____

Phone # of System: _____ Phone # of Delegate:

Selection was made on _____ day of _____, 2025.

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 VOTING IN THE CAUCUS*****