

REDISTRICTING2021

Community of Interest Form

1. Your name: _____ Contact Information: _____
2. Your community's name: _____

3. Tell us about your community. What are your shared interests?
What brings you together? What is important to your community?

4. Are there nearby areas you want to be in a district with? Nearby areas you don't want to be in a district with? Why or why not?

5. Did a Redistricting Volunteer assist you in completing this Community of Interest? YES NO

IF #5 is marked yes, the volunteer should provide their name and signature here: _____