

Submitted time:	Apr 9, 2026, 12:48:58 PM
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1. Are you 18 years or older? **Yes**
  2. Are you in active litigation against Chatham County? **No**
  3. Are you employed by Chatham County Government? **No**
  4. Name (First and Last) **Elizabeth Coykendall**
  5. Residency Type **Resident of Chatham County**
  6. Home/Business/Property/Other Address **2145 White Smith Rd, Siler City, NC, 27344**
  7. Phone Number (Home or Mobile) **9,192,258,191**
  8. Email Address [lizcoykendall@gmail.com](mailto:lizcoykendall@gmail.com)
  9. In which Board of Commissioners district do you reside? **District 4**
  10. Does a immediate family member currently serve on the committee. **No**
  11. Please demonstrate your interest, experience, or expertise relevant to the subject matter of the committee. **I am currently serving the remainder of an unexpired term for a previous Board of Health member that expire in June of 2026.**
  12. Please select which board or committee you are applying to: **Board of Health**
  13. Are you willing to regularly attend scheduled meetings, participate in committee activities, and comply with all applicable laws, policies, and codes of conduct. **Yes**
- State Reporting (Optional) Gender **Woman**
- Are you Hispanic or Latino/a/e? (Optional) **No**
- What race or races do you identify with? (Optional) **White**
- What is your Age Range (Optional) **45-54**