



# APPLICATION FOR SERVICE ON CITY BOARDS AND COMMISSIONS

Board or Commission applying for: \_\_\_\_\_

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

Street and Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, MN ZIP Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell or Work Telephone: \_\_\_\_\_

Number of years a Claremont Resident: \_\_\_\_\_ Email or Fax: \_\_\_\_\_

Have you served on a City of Claremont Board or Commission in the past? \_\_\_\_\_

Which One? \_\_\_\_\_ Term: \_\_\_\_\_

Which One? \_\_\_\_\_ Term: \_\_\_\_\_

Please describe your interest in serving on a board or commission:

Please describe any skills or experience that you feel that you would bring to the board or commission:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to Claremont City Hall, 235 Front Street, Claremont, MN 55924