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Revised 1-2006
APP-CACCB

# Application

## Citizen Advisory Committee,Commission, or Board

St. Louis County

**Return Application to:**

Clerk of the County Board
100 N. 5th Avenue West, #214
Duluth, MN 55802-1293

**OR** e-mail at: larsonb@stlouiscountymn.gov

**Note:** Please mail or deliver your completed application to the Clerk of the Board at the adjacent address. Your application will be on file for approximately one year.

Application For: _____

Please list the committee, commission, or board for which you are applying

Applicant Name: _____ ☐ Mr. ☐ Mrs. ☐ Ms.

Last Name First Name Middle Initial

Home Address: _____

Street

_____

City State Zip

Telephone/Fax/ E-Mail: _____

Home Work Fax E-mail Address

1. How long have you lived in St. Louis County? _____

2. List other community groups, boards, committees, or commissions for which you are, or have been a member?

3. What interests you about becoming a member of the committee, commission or board for which you are applying?

4. Please describe your education, employment, areas of interest, and expertise.

5. Please provide additional information you believe is important in considering your application?

6. Please list two references including name, address, and telephone number.

I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.

Signature: _____ Date _____

**THANK YOU!**



**Office Use Only**

Date Received _____

Date Entered _____

Commissioner District _____

Appointed: ☐ Yes ☐ No

Committee/Board/Commission: _____

Appointment Date _____

Term End Date _____

Retention Date _____