Application

Citizen Advisory Committee, Commission, or Board

St. Louis County

Revised 1-2006

APP-CACCB

Return Application to: Clerk of the County Board 100 N. 5th Avenue West, #214 Duluth, MN 55802-1293 **Note:** Please <u>mail or deliver</u> 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 con	nmittee, commissio	n or board for y	which you are apply	/ing
				which you are apply	/ing
Applicant Name:				Mr. Mrs.	⊢ Ms.
Applicant Name.	Last Name	First Name	Middle Initial		
Home Address:					
	Street				
	City	State		Zip	
				—·P	
Telephone/Fax/					
E-Mail:	Home	Work	Fax	E-mail	Address
			T UX		
1. How long have	e you lived in St. L	ouis 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:	THANK YOU!	Date	Page 2 of 2
	Office Use Only		

Office Use Only				
Date Received	Appointment Date			
Date Entered	Term End Date			
Commissioner District	Retention Date			
Appointed: 🔽 Yes 🔽 No				
Committee/Board/Commission:				