

**APPLICATION FOR APPOINTMENT TO CITY BOARDS, COMMISSIONS, AND COMMITTEES**

City of La Crescent, 315 Main St, La Crescent, MN 55947

[www.cityoflacrescent-mn.gov](http://www.cityoflacrescent-mn.gov) Phone: (507) 895-2595 Fax: (507) 895-8694

Please note:

- You must be a resident of the City of La Crescent to obtain an appointment, unless otherwise provided by law.
  - All fields marked by an asterisk (\*) are required.
  - All information on this form is public record.

Date: \_\_\_\_\_

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Street Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Home Phone\*: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer\*: \_\_\_\_\_ Business Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_ Business Phone\*: (\_\_\_\_\_) \_\_\_\_\_

Are you 18 years of age or older? Yes No Education: \_\_\_\_\_

Are you a City of La Crescent resident? Yes No Number of Years: \_\_\_\_\_

Name up to three (3) Boards, Commissions, or Committees of interest to you – in order of preference\*:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Qualifications:**

List City Boards, Commissions, or Committees on which you have served*	Years*

What education, special training, or work experience do you have which you feel particularly fits you for the appointment to this position\*?  
\_\_\_\_\_  
\_\_\_\_\_

If selected, I would like to work towards bettering the community through my services in the following ways\*:  
\_\_\_\_\_  
\_\_\_\_\_

Referred by\*: Self or Other If other, please specify: \_\_\_\_\_

List any potential conflicts of interest\* If none, so state: \_\_\_\_\_  
\_\_\_\_\_

I attest that all information on this form is correct to the best of my knowledge. I acknowledge that by filling out this application with the City of La Crescent, that personal information on this form is a matter of public record and may be distributed to any Board, Commission, or Committee members, City staff and the public in accordance with the Public Records Law of the State of Minnesota. I further understand that if not appointed to a Board, Commission, or Committee at this time, this information will be kept on record for future consideration.

Signature of Applicant\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**Please return completed application to City Hall: 315 Main St, La Crescent, MN 55947**

