

CITY OF AFTON
APPLICATION FOR APPOINTMENT TO AN
AFTON COMMITTEE OR COMMISSION
(Available online at: www.ci.afton.mn.us)

NAME _____

ADDRESS _____ AFTON, MN 55001
(Please provide P O Box if applicable)

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

YEARS AS AFTON RESIDENT _____ WARD # _____

WHICH COMMITTEE OR COMMISSION ARE YOU APPLYING FOR?

CURRENT OR PREVIOUS PARTICIPATION ON AFTON CITY OR CIVIC COMMITTEES,
COMMISSIONS, PROJECTS. _____

OTHER CITIZEN, PROFESSIONAL OR POLITICAL EXPERIENCE YOU FEEL IS
RELEVANT TO SERVING ON THIS COMMITTEE/COMMISSION?

WHAT DO YOU SEE AS THE CRITICAL OBLIGATION FOR A MEMBER OF THIS
COMMITTEE/COMMISSION? _____

(Please attach additional sheets if more space is needed to comment further regarding your
interest or qualifications for this appointment.)

*** Submit your application to ***
City of Afton
PO Box 219
Afton, MN 55001
Or email to: officeasst@ci.afton.mn.us