

CITY OF AFTON
APPLICATION FOR APPOINTMENT TO A CITY
COMMITTEE OR COMMISSION

DATE _____ PLEASE CHECK ONE: New Application Reappointment

NAME _____

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

HOME PHONE _____ CELL _____ WORK _____

EMAIL ADDRESS _____

YEARS AS AFTON RESIDENT _____ WARD # _____

1. COMMITTEE OR COMMISSION YOU ARE APPLYING FOR?

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

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

4. 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.)

***** Please submit your application to *****

City of Afton
3033 St. Croix Trail South
PO Box 219
Afton, MN 55001
Or email: officeasst@ci.afton.mn.us