



**CITY OF CENTERVILLE
APPLICATION FOR APPOINTMENT**

Committee/Commission/EDA applying for: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____, MN ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

FAX: _____ EMAIL ADDRESS: _____

Number of years a Centerville Resident?: ____ Number of years Centerville Business Owner?: ____

Are you presently serving on a Centerville Committee or Commission?: _____

Which One?: _____ Term?: _____

Have you served on a Centerville Committee or Commission in the past?: _____

Which One?: _____ Term?: _____

Which One?: _____ Term?: _____

What do you have to offer the City of Centerville as a Committee or Commission member?: _____

Experience or Education that would enhance your effectiveness as a Committee or Commission member?: _____

Signature: _____ Date: _____

Return to: City Administrator
City of Centerville
1880 Main Street
Centerville, MN 55038