## APPLICATION FOR APPOINTMENT TO CITY OF WAMEGO BOARD OR COMMISSION

## (Please print in black ink)

Name of Applicant:			
Address:		email:	
Phone:	(home)	(work)	(cc
Board or C	ommission applying for:		
Type of work a	pplicant is employed in:		
Some restrictions apply to these restrictions.	O City Board and Commission appo	pintments, so all information is needed	to assure compliance with
**	***********	************	***
	ment as to why you are interested his area or related field of work.	in serving on this City Board or Commi	ssion and what experience
If currently serving on and appointment to this one.	other City Board or Commission, pl	ease indicate which one and why you v	vish to be considered for
Note: Any elected City O	fficial is also prohibited from servin	ng unless they resign their elected posit	ion.
Signature of Applicant:		Date:	
Received by:		Date:	

Shared/Forms/Bd-Comm Appt. form