

CITY OF COHASSET
APPLICATION FOR APPOINTMENT

Board or Commission applying for: _____

NAME: _____

ADDRESS: _____

CITY: _____ MN ZIP: _____

TELEPHONE: Home: _____ Work: _____ Cell: _____

EMAIL ADDRESS: _____ FAX #: _____

Number of years you have been a Cohasset Resident: _____

Are you presently serving on a City of Cohasset Board or Commission? _____

Which one? _____ Term? _____

Have you served on a City of Cohasset Board or Commission in the past? _____

Which one? _____ Term? _____

Which one? _____ Term? _____

What experience or education do you possess that would enhance your effectiveness as a board or commission member? _____

What is motivating you to apply for this board or commission? _____

Signature: _____ Date: _____

Please return this application to the Cohasset City Office, 305 NW 1st Avenue, Cohasset, MN 55721