



**City of Centerville  
Application for Appointment**

Council/Committee/Commission/EDA applying for?: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, MN

Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Number of years a Centerville resident?: \_\_\_\_\_ Number of years Centerville Business Owner?

Are you presently serving on a Centerville Committee/Commission/EDA? \_\_\_\_\_

Which one? \_\_\_\_\_ Term?: \_\_\_\_\_

Have you served on a Centerville Committee/Commission/EDA? \_\_\_\_\_

Which one? \_\_\_\_\_ Term?: \_\_\_\_\_

Which one? \_\_\_\_\_ Term?: \_\_\_\_\_

What do you have to offer the City of Centerville as a Council/Committee/Commission/EDA member? \_\_\_\_\_

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Experience or Education that would enhance your effectiveness as a Council/Committee/Commission/EDA member?: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: City  
Administrator, Athanasia Lewis:  
[alewis@centervillemn.com](mailto:alewis@centervillemn.com)  
City of Centerville  
1880 Main Street  
Centerville, MN 55038