



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? _____

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

Signature: _____ Date: _____

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