



**CITY OF CENTERVILLE  
APPLICATION FOR APPOINTMENT**

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

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, MN ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

CELL TELEPHONE: \_\_\_\_\_ 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 in the past?: \_\_\_\_\_

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, Mark Statz  
City of Centerville  
1880 Main Street  
Centerville, MN 55038