



**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