



CITY OF ANOKA
2015 First Avenue
Anoka, MN 55303-2270

Phone: 763-576-2700 Fax: 763-576-2727

Website: www.ci.anoka.mn.us

Date Received:

Received By:

BOARD/COMMISSION APPLICATION

APPLYING FOR (check only one):

- | | |
|---|--|
| <input type="checkbox"/> Charter Commission | <input type="checkbox"/> Parking Advisory Board |
| <input type="checkbox"/> Economic Development Commission | <input type="checkbox"/> Parks & Recreation Board |
| <input type="checkbox"/> Heritage Preservation Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Housing & Redevelopment Commission | <input type="checkbox"/> Utility Advisory Board |
| <input type="checkbox"/> Human Rights Commission | <input type="checkbox"/> Waste Reduction & Recycling Board |

NAME: _____

FULL ADDRESS: _____

PHONE (HOME): _____

PHONE (WORK): _____

EMAIL: _____

ARE YOU A RESIDENT OF THE CITY OF ANOKA? YES NO

DO YOU MEET THE QUALIFICATIONS TO SERVE ON THE BOARD/COMMISSION FOR WHICH YOU ARE APPLYING AS STIPULATED IN THE CITY'S POLICY ON APPOINTMENTS TO BOARDS & COMMISSIONS? YES NO

STATEMENT OF INTEREST, WHY YOU ARE INTERESTED IN SERVING ON THIS BOARD/COMMISSION:

PLEASE LIST YOUR QUALIFICATIONS, EXPERIENCE/EDUCATION THAT IS RELATIVE TO YOU SERVING ON THIS BOARD/COMMISSION:

AVAILABILITY: *Are you able to meet as necessary to fulfill the responsibilities of appointment to this board/commission?* Yes No

REFERENCES: *(Optional)*

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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NOTE: *This application is of public record. Public Service opportunities are offered by the City of Anoka without regard to race, color, national origin, religion, disability, sex or sexual orientation.*

(For Office Use Only)

Was application submitted by due date? Yes No

The Applicant is: A New Applicant Applying for Reappointment

This appointment is for a: Partial Term Full Term

Date submitted to Council: _____ Council Action: Not Appointed Appointed (Exp: _____)