



City of Mounds View  
2401 County Highway 10  
Mounds View, MN 55112  
763-717-4000

## **Application for Advisory Commissions and Committees**

Group(s) applied for: \_\_\_\_\_

Full Name (Please Print): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

Years at this address: \_\_\_\_\_ Years you have lived in Mounds View: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Experience and Qualifications**

Skills and Interests:

Employment, Occupation or Other Relevant Experience:

Memberships, Accomplishments or Other Qualifications:

Please state your reason for wanting to serve with this group:

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

(Your response to any of the above inquiries may be continued on the back of this form and you may attach other information that you would like the City Council to consider.)

*The City of Mounds View is committed to the policy that all persons shall have access to its programs, facilities and employment without regard for race, ethnicity, sex, age or physical abilities.*