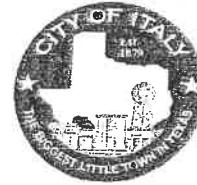


APPLICATION TO SERVE ON APPOINTED COMMITTEE/BOARD



NAME: _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

LIST ALL COMMITTEES YOU HAVE SERVED ON WITH THE CITY OF ITALY:

WHAT IS YOUR INTEREST IN SERVING ON A COMMITTEE?:

DO YOU HAVE ANY EXPERIENCE OR RELATED BACKGROUND THAT WOULD BE BENEFICIAL TO SERVING ON A COMMITTEE?

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

DATE OF COUNCIL APPOINTMENT: _____

TERM: _____ (yrs) TERM EXPIRATION: _____ DATE OF OATH: _____ OATH ON FILE: _____

NOTES: _____
