



Application for Consideration of Appointment

The Public Information Act (PIA) may allow for public review of this application upon request.

_____ New Application

_____ Re-appointment Application

Personal Information

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Cell: _____

Do you live inside Kimble County? _____ yes _____ no

Employment

Employer: _____

Occupation: _____

Business Address: _____

Board Interest

____ Live in Kimble County ____ Work in Kimble County ____ Own a business in Kimble County

What do you hope to accomplish by serving?

Certification

If appointed, I will notify the City of Junction of any changes in my residence or business, or if any other relevant changes that would affect my appointment. I will also notify the city if any potential conflicts of interest arise.

I recognize that my appointment requires my regular attendance and participation at all scheduled meetings. Failure to do so may result in my removal. I am willing to make this commitment of time and effort.

I hereby certify that all information in this application is complete, truthful, and accurate to the best of my knowledge.

Signature

Date