



APPLICATION FOR APPOINTMENT TO AN ADVISORY COMMISSION

Please indicate which Commission(s) you are interested in:

___ Planning Commission ___ Park & Recreation Commission ___ Watershed (URRWMO)

NAME: _____

ADDRESS: _____

PHONE: _____ **RESIDENT OF OAK GROVE** _____ **YEARS**

EMAIL ADDRESS: _____

Please state your reasons for requesting to be on the advisory commission checked above:

Describe your education/experience, which qualifies you to serve on this commission: _____

Describe your professional, civic or community activities, which may be relevant to this commission:

Signature: _____ **Dated:** _____

You may attach a cover letter and resume, if desired. Commission appointments shall be made by the city council. Please submit applications to:

City of Oak Grove
Attn: City Administrator
19900 Nightingale Street NW
Oak Grove, MN 55011

Thank you for your interest in serving on an Oak Grove commission!