



Date Received:

APPLICATION FOR APPOINTMENT TO OPEN COUNCIL SEAT  
CITY OF GUSTAVUS

Name: \_\_\_\_\_  
Last First MI

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

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

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Can you regularly attend meetings? \_\_\_\_ YES \_\_\_\_ NO

Are you currently affiliated with the City in any way?  
(For example emergency responder, employee)  
\_\_\_\_ YES \_\_\_\_ NO

If yes, please list positions: \_\_\_\_\_

\_\_\_\_\_

Have you been a member of the City Council before? \_\_\_\_\_

Reason for interest in being a Council Member: \_\_\_\_\_

\_\_\_\_\_

Brief background of experience that would qualify you for the position:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Printed Name**

**Date**