



**CITY OF KENYON**  
 709 2<sup>ND</sup> STREET  
 KENYON, MN 55946  
 www.cityofkenyon.com  
 PHONE: 507-789-6415 FAX: 507-789-5604

Applying For:  
 City Council  
 Planning Commission  
 Other \_\_\_\_\_

**APPLICATION TO CITY BOARD OR COMMISSION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Resident of Kenyon for \_\_\_\_\_ years.

**NOTE: APPLICANT'S NAME, ADDRESS AND HOME PHONE NUMBER WILL BECOME PUBLIC INFORMATION IF APPLICANT IS APPOINTED TO SERVE ON A CITY BOARD OR COMMISSION**

**EXPERIENCE & ADDITIONAL INFORMATION**

Work Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education:

\_\_\_\_\_

\_\_\_\_\_

Civic & Volunteer Activities (past / present):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please state your reasons for wanting to serve on this Commission. Be as specific as possible, and use additional sheet(s) if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THIS APPOINTMENT MAY BE DISCUSSED AT A PUBLIC MEETING.**

\_\_\_\_\_  
 Signature of Applicant

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