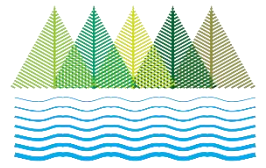


# MINNESOTA OPEN APPOINTMENT ACT



## APPLICATION FOR SERVICE ON A CITY/COUNTY/STATE AGENCY

FOR OFFICE USE ONLY	
Date Appointed:	
Date of Term Expiration:	
Term #	

NAME OF COMMISSION, BOARD OR COMMITTEE YOU WISH TO SERVE ON:

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

[Large empty box for providing the statement required by Minnesota Statutes 15.0597]

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

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

\_\_\_\_\_  
Date

*If applicant is being nominated by another person or group, the above signature indicates consent to nomination.*

Is this application submitted by appointing authority?  Yes  No

Is this application submitted at the suggestion of appointing authority?  Yes  No

**Please return application to the City of Aitkin Administration Office, located at  
209 Minnesota Ave N, Aitkin, MN 56431**

APPLICANT INFORMATION	
Name of Applicant:	Phone:
Street Address:	Alt. Phone:
City/State/Zip	Email: