



APPLICATION FOR APPOINTMENT TO CITY BOARDS, COMMISSIONS AND COMMITTEES

City of La Crosse, Mayor's Office, 400 La Crosse Street, La Crosse, WI 54601
<http://www.cityoflacrosse.org>, Phone: (608) 789-7500; Fax: (608) 789-8261

- Please note:
- You must be a resident of the City of La Crosse to obtain an appointment, unless otherwise provided by law.
 - All fields marked by an asterisk (*) are required.
 - All information on this form is public record.

Date: _____

Last Name*: _____			First Name*: _____			Middle Initial: _____		
Home Street Address*: _____				City*: _____		Zip Code*: _____		
Home Phone*: (____) _____			Email: _____			Occupation: _____		
Employer*: _____			Business Address*: _____					
City*: _____			Zip Code*: _____			Business Phone*: (____) _____		
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>			Education: _____					
Are you a City of La Crosse Resident*? Yes <input type="checkbox"/> No <input type="checkbox"/>			Number of Years: _____					
Name of up to three (3) Boards, Commissions or Committees of interest to you*:								
1. _____								
2. _____								
3. _____								

Qualifications:

List any potential conflicts of interest*: _____

List City Boards, Commissions or Committees on which you have served*	Years*	List City Boards, Commissions or Committees on which you have served*	Years*

What education or special training do you have which you feel particularly fits you for the appointment to this position? *

If selected, I would like to work towards bettering the community through my services in the following ways*:

Aldermanic District*: _____ Referred by*: Self or Other If Other, please specify: _____

I attest that all information on this form is correct to the best of my knowledge. I acknowledge that by filling out this application with the City of La Crosse, that personal information on this form is a matter of public record, subject to Wis. Stats. § 19.36(7) and may be distributed to any Board, Commission or Committee members, City staff and the public in accordance with the Public Records Law of the State of Wisconsin. I further understand that if not appointed to a Board, Commission or Committee at this time, this information will be kept on record for future consideration.

Signature of Applicant*: _____ Date*: _____

Please return completed application to the Mayor's Office: 400 La Crosse Street, 6th Floor, La Crosse, WI 54601