Application for BOARD or COMMISSION Appointment

Name:		
Address:		
Phone:	Email:	Gender: O Male O Female
Board of A Board of A Council Po	ppeals sition - Open ard of Trustees	Parks & Recreation Commission Planning & Zoning Commission
Are you a resident of Ka Length of residence in k	rs of age or older? O YES O NO llona? O YES O NO Calona?: nent of why you would like serve	e on this Board or Commission:

Please note any real estate, business or commercial interests within the City, other than your primary residence, for the purpose of identifying any actual or potential conflicts of interest:

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

Signature of Applicant:______Date:_____

City of Kalona

Updated: January 6, 2020