



Appointment Application to City Commissions & Boards

APPLICANT NAME _____

In order that the Mayor and Council Members have a better understanding of your background and interests, please provide the following information: (Attach extra sheets if necessary.)

Home Address: _____ **Phone (H):** _____

E-mail Address: _____ **Phone (C):** _____

How long have you lived or worked in the City of Dayton? _____ Years _____ Months

Employment (Firm and Occupation): _____

Educational Background: _____

Please indicate which Board/Commission you are applying for. Meeting dates and times are listed for each.

_____ Planning Commission (1st Thursday, 6:30 PM)

_____ Parks Commission (1st Tuesday, 6:30 PM)

Prior experience on City Boards/Commissions: _____

Provide a short paragraph summarizing why you are seeking an appointment to a Board or Commission in the City of Dayton. _____

Briefly describe your background, skills, experience, interests and any other information not previously given which you believe should be considered regarding the appointment you are seeking.

Signature: _____

Date: _____

Return

to:

**Tina Goodroad
City Administrator/Development
Director
12260 S. Diamond Lake Rd.
Dayton, MN 55327**

Telephone:

(763) 427-4589

Fax:

(763) 427-3708

Email: tgoodroad@cityofdaytonmn.com

STATEMENT OF RIGHTS

In accordance with the Minnesota Government Data Practices Act, the City of Dayton is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you, City of Dayton Administration but not to the public.

The purpose of the collected information is to determine your eligibility to participate on an advisory board/commission. Furnishing the requested information is voluntary, although refusal to supply the information may make you ineligible for an appointment.

Names and home addresses of applicants for appointment to and members of an advisory board or commission are public, as are rank on eligibility list, job history, education training and work availability. All other information obtained from you is private.

FOR OFFICE USE ONLY:

Date Application Received _____

Date Distributed to Council _____