



**CITY OF MARSHALL  
BOARD COMMISSION, AUTHORITY OR BUREAU  
APPLICANT INFORMATION FORM**

Please indicate the Board/Commission to which you are interested in being appointed:  
*(If more than one, please number in order of choice; you can only serve on one board, commission, authority or bureau)*

- \_\_\_ Adult Community Center Commission *(meets second Wednesday of each Quarter at 12:00 p.m.)*
- \_\_\_ Airport Commission *(meets first Tuesday of every month at 4:30 p.m.)*
- \_\_\_ Community Services Advisory Board *(meets first Wednesday each month at 4:30 p.m.)*
- \_\_\_ Convention & Visitors Bureau *(meets third Wednesday of each Month at 9:30 a.m.)*
- \_\_\_ Economic Development Authority *(meets the third Wednesday of every month at 12:00 p.m.)*
- \_\_\_ Library Board *(meets the second Monday of every month at 4:00 p.m.)*
- \_\_\_ Marshall Municipal Utilities Commission *(meets the third Tuesday of every month at 4:30 p.m.)*
- \_\_\_ M.E.R.I.T. Center Commission *(meets the third Thursday of every month at 6:00 p.m.)*
- \_\_\_ Planning Commission *(meets the second Wednesday of every month at 5:30 p.m.)*
- \_\_\_ Police Advisory Board *(meets on an as needed basis)*
- \_\_\_ Public Housing Commission *(meets the second Monday of every month at 3:30 p.m.)*

**Applicant Information**

**Personal Information**

*Minnesota State Statute §13.601 states that once an individual is appointed to a public body the following additional items of data are public:*

- (1) Residential address; and*
- (2) Either a telephone number or electronic mail address where the appointee can be reached, or both at the request of the appointee.*

Name: \_\_\_\_\_ (Home #): \_\_\_\_\_

Address: \_\_\_\_\_ (Work #): \_\_\_\_\_

*(you must live within the City limits of Marshall with the exception of the MERIT Center)*

(Cell #): \_\_\_\_\_

Email Address: \_\_\_\_\_ Have lived in Marshall \_\_\_\_\_ years

List your educational background:

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**WORK EXPERIENCE:** (List most recent position first)

<u>Employer</u>	<u>Location</u>	<u>Position (Title)</u>	<u>Years Employed</u>
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**OVER**

List any community organizations or activities on which you have recently or are now an active participant.

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Briefly tell us why you would like to serve and/or continue to serve on this Board, Commission, Authority or Bureau

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

**NOTE: The attached Consent for Release Information Forms must be completed before processing this application.**

Please return the application and consent information to:

**City Administration Office  
Municipal Building  
344 West Main Street  
Marshall, MN 56258**  
or email to: [kyle.box@ci.marshall.mn.us](mailto:kyle.box@ci.marshall.mn.us)  
or fax to: 507-537-6830