

**CITY OF FRAZEE
APPLICATION FOR APPOINTMENT**

Board or Commission applying for: _____

Name: _____

Street address: _____

City: _____ MN Zip: _____

Telephone: Home: _____ Work: _____

Are you a Frazee Resident? _____ Fax: _____

Are you presently serving on a City of Frazee Board or Commission? _____

Which One? _____ Term: _____

Have you served on a City of Frazee Board or Commission in the past? _____

Which One? _____ Term: _____

Which One? _____ Term: _____

What do you have to offer to The City of Frazee board or commission? _____

Experience or education that would enhance your effectiveness as
a board or commission member:

Signature: _____ Date: _____

Return to the Frazee City Office, PO Box 387, 222 Main Ave W, MN 56544