



**APPLICATION FOR APPOINTMENT
TO
CITY OF VIRGINIA
COMPREHENSIVE PLAN ADVISORY COMMITTEE**

THE DATA, WHICH YOU SUPPLY ON THIS FORM, WILL BE USED TO ASSESS YOUR QUALIFICATIONS FOR THE POSITION OF COMPREHENSIVE PLAN ADVISORY COMMITTEE MEMBER.

YOU ARE NOT LEGALLY REQUIRED TO PROVIDE THIS DATA, BUT WE NEED THIS INFORMATION TO CONSIDER YOUR ELIGIBILITY AS A ADVISORY COMMITTEE MEMBER. THIS DATA WILL CONSTITUTE A PUBLIC RECORD IF AND WHEN YOU ARE APPOINTED. AT THAT TIME, COPIES MAY BE ISSUED TO ANYONE.

APPLICANT'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

HOME PHONE: _____

THE FOLLOWING IS A STATEMENT OF MY REASONS FOR APPLYING FOR THIS APPOINTMENT:

(Additional information may be written on the back or on a separate sheet)

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE?

YES _____ NO _____

I HEREBY ATTEST THAT:

- I HAVE BEEN A RESIDENT OF THE CITY OF VIRGINIA FOR _____ YEARS.
- I AM A QUALIFIED ELECTOR OF THE CITY OF VIRGINIA.

SIGNATURE: _____ **DATE:** _____

Return this completed application to: City Clerk's Office, 327 1st Street South, Virginia MN 55792

Date Received _____