## CITY OF ATKINS, IOWA

## APPLICATION FOR APPOINTMENT TO COMMITTEE

The City of Atkins appreciates your interest in serving the community and welcomes your application. Please complete all sections of this application. If you have any questions, please contact City Hall at (319) 446-7870. The City of Atkins is committed to providing equal opportunity for citizen involvement.

Name:			Gender:	Date:	
First	МІ	Last			
Home Address:				Phone:	
City, State, Zip:				Cell:	
Email Address:					
Employer:		Position/Occupation:			
If Atkins resident, len	gth of residency: _				
NOMINEE FOR :					
		Stormwater Drainag	e Committee		
<b>COMMUNITY INVOLVEMENT</b> : Please describe your present and past community involvement including voluntary, social, city, church, school, business, professional that are applicable. (Include dates of involvement, and any offices or leadership positions held.)					
SPECIAL QUALIFIC training, licenses, cer			fications for se	rving on a board, including skills,	
List reasons why you	would like to be ap	ppointed and what c	contributions yo	ou believe you can make.	
				at may prevent you from carrying he City of Atkins? If so, please	

Please mail completed application to: City of Atkins, Attn: City Clerk, 480 Third Ave, PO Box 171, Atkins, IA 52206 or email to <u>cityclerk@cityofatkins.org</u>