

**CITY OF NORTHFIELD  
APPLICATION FOR APPOINTMENT TO A  
BOARD, COMMISSION, OR TASK FORCE**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **(HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_

**BOARD/COMMISSION YOU WISH TO APPLY FOR:**

|   |  |
|---|--|
| <input type="checkbox"/> CHARTER COMMISSION               | <input type="checkbox"/> HOSPITAL BOARD                    |
| <input type="checkbox"/> DESIGN ADVISORY BOARD            | <input type="checkbox"/> HOUSING & REDEVELOPMENT AUTHORITY |
| <input type="checkbox"/> ECONOMIC DEVELOPMENT AUTHORITY   | <input type="checkbox"/> LIBRARY BOARD                     |
| <input type="checkbox"/> ENVIRONMENTAL QUALITY COMMISSION | <input type="checkbox"/> PARK & RECREATION ADVISORY BOARD  |
| <input type="checkbox"/> GRACE WHITTIER FUND COMMITTEE    | <input type="checkbox"/> PLANNING COMMISSION/ZONING BOARD  |
| <input type="checkbox"/> HERITAGE PRESERVATION COMMISSION | <input type="checkbox"/> POLICE CIVIL SERVICE COMMISSION   |
| <input type="checkbox"/> HUMAN RIGHTS COMMISSION          | <input type="checkbox"/> _____                             |

**Summarize your reasons for wanting to serve on this body.**

**Your background applicable to serving on this body.**

**RETURN TO:** DEB LITTLE, ASSISTANT ADMINISTRATOR, CITY OF NORTHFIELD, 801 WASHINGTON STR.,  
NORTHFIELD, MN 55057 E-mail: [deb.little@ci.northfield.mn.us](mailto:deb.little@ci.northfield.mn.us)