

Sturgis City Council Appointment Application

Return to: City Finance Office Phone: (605) 347-4422, option 1 1040 Harley-Davidson Way

Sturgis, SD 57785

Email: <u>Joyce@sturgisgov.com</u>

APPLICANT INFORMATION

Name:	Registered City Voter?		○ Yes		○ N o	
Address:	City:	State:		Zip:		
	Cell:	E-mail:				
Applicant's Signature:						
Commission/Committee/Board Experience						
On which commission/committees/boards have you served?						
Are you currently serving on any commissions/committees/boards? If so, which ones?						
Why do you want to be a member of the Sturgis City Council?						
List any abilities, skills, licenses, certificates, specialized training or interests you have which would be helpful for this position:						
List the hours you would be available to meet with constituents or in scheduled meetings:						
Briefly explain how your appointment to the City Council will enhance the City:						
OFFICE USE ONLY						
Date Application Received:	te Application Received: Received by:					
City Manager or Designee Signature:						