APPLICATION

Name of Commission, Board or Committee:_____

Date: _____

Name: _____

Address: _____

City/Village: _____

E-mail Address: _____

Are you a County Resident? ( ) yes ( ) no

Home Phone: _____

Alternate Phone: _____

QUALIFICATIONS

Please be as specific as possible; include information that is targeted toward the Commission, Board or Committee you are applying for. You may attach your personal resume to this application. Please attach additional pages if necessary.

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Return to:
Office of the County Administrator
Attn: Sharon Rasmusson
721 Oxford Avenue, Room 2570
Eau Claire, WI 54703-5481

For Official Use	Retention: _____ Appointed: _____ Confirmed: _____