APPLICATION FOR CITY COUNCIL VACANCY



705 Parkway Avenue, PO Box 159 Eagle Lake, MN 56024 (507)257-3218

Name:		
Street Address		
City:	State:	Zip Code:
Email:		
Phone:		
be eligible, a pe years of age. 1. City Cou	erson must be a US citizen, a resident o	eligible for election to fill the vacancy. To of the city, a qualified voter, and at least 21 of every month at 6:00 p.m. Are you availableNO
2. What do	you see as the top three priorities that th	ne City Council should focus on? Why?
3. Why do	you want to serve on the City Council?	
4. What ski	ills, strengths, or abilities could you add	to the City Council?

5. Please list your work experience.
6. Please list any civic involvement (past or present).
7. Optional - Attach a letter of interest and/or resume.
Please submit completed application no later than 4:30 p.m. on Tuesday, April 20, 2021 to: City of Eagle Lake, Attn: City Administrator, 705 Parkway Avenue, PO Box 159, Eagle Lake, MN 5602 or via email to jbromeland@eaglelakemn.com .
The information provided in this application is correct and true to the best of my knowledge.
Applicant Signature
Date

Under Minnesota law, some of the information requested may be public information, which must be available to anyone that requests it. The information requested will be used by the City Council in determining whether you should be appointed to fill the vacancy. Therefore, the information will be reviewed at a City Council meeting open to the public and part of the official record for that meeting and available to anyone.