



# City of Circle Pines City Council Application

## General Information

Full Name (Print or Type): \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Number of Years at this Address: \_\_\_\_\_ Number of Years Lived in Circle Pines \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

## Application Information

Please state your reasons for wanting to serve on the City Council: \_\_\_\_\_

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## Qualification Information

Education: \_\_\_\_\_

Employment, Occupation or other Experience: \_\_\_\_\_

Memberships, Accomplishments or other Qualifications: \_\_\_\_\_

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Signature

Date