



Date Received _____
Date Appointed _____
Date Inactive _____
Confirmed _____

CITY OF MARSHALL CITY BOARD/COMMISSIONS

NAME: _____
BOARD/COMMISSION POSITION SOUGHT _____
HOME ADDRESS: _____ PHONE: _____
BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

Please check those statements below that apply:

- ___ U.S. Citizen
- ___ Citizen of the State of Missouri
- ___ City of Marshall Resident for _____ years
- ___ City of Marshall Taxpayer, registered voter
- ___ Demonstrated interest in the History, Community, Civic Affairs, Health and Welfare
- ___ Licensed Plumber
- ___ Licensed Electrician
- ___ Experience in Real Estate
- ___ Experience in Construction
- ___ Historian living in the community for 20 years or more

Please state your qualifications for the position sought. Indicate your education or occupation experience or special training: _____

Missouri law prohibits appointment by a public officer or employee, of any close relative to any public office or employment.

SIGNATURE _____ DATE _____