

City of Montrose

City Council Application Form

*Please type or print clearly in ink

Name

Date

To provide the Mayor and Council Members with an informal summary of your background and interests, please provide the following information: (attach extra sheets if necessary).

Home Address: _____

Phone (H): _____

Phone (C): _____

How long have you lived in Montrose? _____ years

Employer: _____

Occupation: _____

Phone (W): _____

Prior experience on City Commissions, City Boards, etc.:

Explain what you consider the role and responsibility as a member of the city council:

Provide a short paragraph summarizing why you are seeking an appointment to the Montrose City Council.

List what you consider the three major problems confronted by the City of Montrose:

1.

2.

3.

Indicate what you consider to be the major assets of the City of Montrose:

Briefly describe your background, experience and any other information not previously given which you believe should be considered regarding the appointment you are seeking:

Return to:

Barbara Swanson, City Administrator
311 Buffalo Avenue South
P. O. Box 25
Montrose, MN 55363-0025

Telephone: (763) 675-3717
Fax: (763) 675-3032

(For Office Use Only)

Date Received: _____
City of Montrose

