

City of Neenah  
Application For Appointment



Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>	Employer	<input type="text"/>
City, ST Zip	<input type="text"/>	Day Phone	<input type="text"/>
Eve. Phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

What appointment are you seeking? You may check more than one box.

- |  |   |
|--|---|
| <input type="checkbox"/> Library Board                   | <input type="checkbox"/> Park and Recreation Commission |
| <input type="checkbox"/> Committee on Aging              | <input type="checkbox"/> Board of Appeals               |
| <input type="checkbox"/> Plan Commission                 | <input type="checkbox"/> Board of Review                |
| <input type="checkbox"/> Police Commission               | <input type="checkbox"/> Emergency Government Committee |
| <input type="checkbox"/> N-M Joint Fire Commission       | <input type="checkbox"/> Loan Assistance Board          |
| <input type="checkbox"/> Landmarks Commission            | <input type="checkbox"/> Board of Harbor Commissioners  |
| <input type="checkbox"/> Business Improvement District   | <input type="checkbox"/> Water Works Commission         |
| <input type="checkbox"/> Board of Health                 | <input type="checkbox"/> N/M Sewerage Commission        |
| <input type="checkbox"/> Community Development Authority | <input type="checkbox"/> Citizen Advisory Committee     |
| <input type="checkbox"/> Other                           | <input type="text"/>                                    |

Do you currently serve on other boards, commissions, or hold an elected office?  Yes  No Detail Below

Please provide or attach a brief statement outlining your interest and qualifications for this appointment:

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Please Sign and Date: \_\_\_\_\_ / \_\_\_ / \_\_\_

Please return to the Neenah City Clerk's Office