



Application for Board Vacancy

Submit to: City Hall, 106 1st Street East, Polson, MT 59860

Name of Board you are applying for: _____

Applicant Name: _____

Home Address: _____

Do you reside within the Polson City Limits? YES:___ NO:___

How long have you lived in Polson? _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Occupation: _____

Place of Employment: _____

Why do you want to become a Board Member?

How do you feel you will best contribute as a Board Member?

Signature of Applicant: _____ Date: _____

Information on this application is public information. The information provided herein is true and complete. A false or misleading statement may be cause for elimination from consideration.