



City of Marshall Boards and Commissions Application

NAME OF APPLICANT: _____

BOARD/COMMISSION POSITION SOUGHT: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

Please check those statements below that apply:

Citizen of the State of Missouri

City of Marshall Resident

City of Marshall Taxpayer

City of Marshall Registered voter

Please state your qualifications for the position sought. Indicate education, occupation experience, special training, or any other attributes that you feel qualify you for the position:

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

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

Date Received: _____

Received By: _____