

## CITY OF PARK RIDGE

505 BUTLER PLACE PARK RIDGE, IL 60068 TEL: 847/ 318-5234 FAX: 847/ 318-5300 TDD:847/ 318-5252 URL:http://www.parkridge.us

## Application Form for Board, Committee, and/or Commission

APPLICATION FOR APPOINTMENT TO:				
If the Board, Committee, or another capacity? Please cir		are applying for i	s filled, would	you consider serving in
If your answer is "YES," ple	ease list any other boards,	committees, or co	mmissions tha	at you are willing to serve on:
Name:				
Home Address:				
Business Address:				
Occupation/Profession: Years of Experi			xperience:	
Phone: Day:	F	Evening:		
Email Address:				
Education: Highest Degree Attained	Institution Name	City, State	Major	Year Degree Awarded
Community Participation (pa	ast and present)/Special Qu	alifications for Ser	vice:	
Why do you desire this appo	pintment?			
Signature			Date	