



Please indicate with an 'X' as many as meet your interests:

- | | |
|---|--|
| <input type="checkbox"/> Planning and Zoning Commission | <input type="checkbox"/> Library Board |
| <input type="checkbox"/> Board of Zoning Appeals | <input type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Cemetery Board | <input type="checkbox"/> Sister City Committee |
| <input type="checkbox"/> Design Review Board | <input type="checkbox"/> Lindsborg Housing Authority Board |
| <input type="checkbox"/> Tree Board | <input type="checkbox"/> Golf Advisory Board |
| <input type="checkbox"/> Convention & Visitors Bureau Board | <input type="checkbox"/> Gifts and Bequests Commission |

Special Instructions

1. Please print in black or blue ink or type. Please do not write on the back of this form; use another sheet of paper, if necessary.
2. Please return to:
City of Lindsborg, City Clerk's Office, 101 South Main or Mail to P.O. Box 70, Lindsborg, KS 67456-0070.

Please Note: All information provided by you on this form is subject to Kansas Open Public Record Statutes. As public information, it may be requested by news media representatives or discussed in public meetings.

Name _____ E-mail: _____

Home Address _____

Number of years you have lived in Lindsborg _____

Telephone (Home) _____

Occupation _____ Employer _____

Education (Highest school year, degrees, etc.) _____

Prior Appointed or Elected Offices held (if any):

Present and past community volunteer activities: _____

Why would you like to serve? (Please discuss specific interest, experience and qualifications which would make you an effective board member.)

Date _____ Signature _____