Application for Appointment for Brookings City Council

City Clerk's Office 520 3rd Street, Suite 230 Brookings, SD 57006 Phone: (605) 692-6281





		Applicant informa	ation		
Name:	First	Middle	Last		
	11130	Wildle	Last		
Address:					
	Street				
	City	State	ZIP Code		
Phone:					
	(work)	(cell)	(home)		
Email:					
Employer:					
Occupation:					
Is your residence located within the city limits of Brookings?			□ YES □ NO		
Are you a registered voter in the City of Brookings?			□ YES □ NO		
How long have you been a resident of Brookings?					

1. Please list relevant education or training:

2.	Work experience:				
3.	Community Volunteer Service:				
4.	I would like to serve as a City Council Member because:				
5.	Any other information you feel is important to the City Council Members as it considers your appointment for City Council:				
	Please return your application to the City Clerk's Office:				
	520 3 rd Street, Suite 230 Brookings, SD 57006				
	Phone: (605) 692-6281				
	Email: <u>bfoster@cityofbrookings-sd.gov</u>				
	www.cityofbrookings-sd.gov/citycouncil				

Advertising Policy – The City of Brookings will notify the public of the City Council vacancy. Notification of vacancies will consist of a press release to local media at least two weeks prior to the appointment.

Appointment Process – Applications will be accepted until 5:00 p.m. on Friday, April 4th. All applicants will be invited to attend the 5:30 p.m. April 15th City Council Study Session to provide additional information and respond to questions. City Council action is required to approve the appointment and is scheduled to occur at the April 22nd City Council Meeting. Thank you for applying!