## **Application for Appointment for Brookings City Council**

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



bfoster@cityofbrookings-sd.gov

		ation
		<b>FREE 1</b>

Name:								
	First	Middle	Last					
Address:								
	Street							
	City	State	ZIP Code					
Phone:								
	(work)	(cell)	(home)					
Email:								
Employer:								
Occupation:								
ls your residence l	ocated within the city li	🗆 YES 🗆 N	0					
Are you a register	ed voter in the City of B	🗆 YES 🗆 N	0					
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<sup>rd</sup> 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 Wednesday, May 12<sup>th</sup> at 5:00 p.m. All applicants will be invited to attend the May 18<sup>th</sup> City Council Meeting at 5:30 p.m. to provide additional information and respond to questions. City Council action is required to approve the appointment and is scheduled to occur on June 8<sup>th</sup>. Thank you for applying!