CITY OF
INVER GROVE
HEIGHTS

8150 Barbara Avenue
Inver Grove Heights, MN 55077
www.ighmn.gov

City Advisory Commission Application

Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Please indicate which Commission you are applying for. List only those you would be seriously interested in serving on. *Commissions include: Environmental Advisory Commission, Parks & Recreation, and Planning.*

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____

For the City Council to have a better understanding of your background and interests, please provide the following information:

1. How long have you lived in Inver Grove Heights? Years: _____ Months: _____

2. Please provide an overview of your applicable experiences, including employment, occupation or other:

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3. Please provide a short paragraph summarizing why you are seeking appointment to an Advisory Commission:

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4. Briefly describe your background or any professional affiliations or other information not previously given which you believe is relevant to the appointment you are seeking:

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Signature: _____ **Date:** _____

The City of Inver Grove Heights is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, creed, color, sex, age, national origin or handicap.