



5200 85th Avenue North Brooklyn Park, MN 55443
763-424-8000 FAX: 763-493-8391 TDD: 763-493-8392

APPLICATION FOR
**SHINGLE CREEK and WEST MISSISSIPPI
WATERSHED MANAGEMENT COMMISSIONS**

We welcome you as an applicant to be considered by the City Council as Brooklyn Park’s representative on Shingle Creek and/or West Mississippi Watershed Management Commissions. The Watershed Management Commissions are city at-large appointments with commissioners serving a three-year term.

Eligibility: a candidate must be a citizen of the United States, resident of Brooklyn Park, qualified voter, and be at least 18 years of age.

Name: _____

Address: _____ Zip: _____

Phone: (Home) _____ (Cell) _____ (Business) _____

E-mail address: _____

Phone: (For Public Commission Directory) _____ Please indicate the phone number(s) you would like published in a Public Commission Directory if you are appointed; i.e., home, cell, work, or voicemail number. Permission to release your phone number to the public is a requirement of the Data Practices Act.

COMMISSION PREFERENCE:

- Shingle Creek Watershed Management Commission
- West Mississippi Watershed Management Commission
- Both of Above

Occupation: _____ Name of Employer: _____

Civic and Other Activities: (Please list past and present civic activities and/or organizational memberships, particularly those which may be relevant to the appointment you are seeking.)

Comments: (Briefly describe other qualifications, experience and other information which you believe are relevant to the appointment you are seeking. Use additional pages if necessary.)

IMPORTANT FACTS FOR YOU TO KNOW CONCERNING THIS APPLICATION

TENNESSEN WARNING

Minnesota law requires that you be informed of the purpose and intended use of the information you provide to the City of Brooklyn Park during the application process (MS 13.04).

Once you have been verified as eligible for appointment to a vacancy, your name, address, length of residence, occupation, name of employer, education, training and civic affiliations, qualifications and experience are public information (MS 13.43). Only the phone number you indicate as public will be public information.

The information you provide will be used to identify you as an applicant, enable us to contact you when additional information is required, send you notices, and assess your qualifications for appointment to a city commission. You may not be considered as an applicant if you fail to provide the public information requested on this application.

AUXILIARY AIDS and ASSISTANCE: If, due to a disability, you need assistance in completing an application or if you anticipate that you will need auxiliary aids or service in the appointment process, please notify the City Hall at 763-493-8012 or TDD 763-493-8392.

To the best of my knowledge, the information included in this application is accurate and true. I authorize investigation of all statements contained in this application for appointment as may be necessary to arrive at an appointment decision. I consent to the release, disclosure, and dissemination by the city of the submitted phone number to the general public.

Applicant's signature

Date

Materials submitted in support of an application are normally not returned. Therefore, it is recommended you do not submit an original document if it is your only copy.

Return application to:

Office of the City Manager
City of Brooklyn Park
5200 85th Avenue North
Brooklyn Park, MN 55443
Phone 763-493-8001

FOR OFFICE USE ONLY

Date Received: _____ **Other:** _____

Sent to Council: _____

Date interviewed: _____

Date appointed: _____

Appointed to: _____