



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

City of Brooklyn Park
APPLICATION FOR CHARTER COMMISSION

The Charter Commission is responsible for framing the Charter and recommending amendments to the Home Rule Charter of the City of Brooklyn Park. The Charter Commission is comprised of eleven members that a Hennepin County Court Judge has appointed.

Eligibility: A Charter Commission member must be a qualified voter of the City. The term length is four years.

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, work, or voicemail number. Permission to release your phone number to the public is a requirement of the Data Practices Act.

District: (Please circle) EAST CENTRAL WEST **Length of residence:** _____

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.)

Turn Over

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 County: _____

Date interviewed: _____

Date appointed: _____

Appointed to: _____