



<i>For County use:</i> Rcvd Date: _____ By: _____

APPLICATION FOR APPOINTMENT TO A DUNN COUNTY BOARD

Applicant Name _____

Name of the Board applying for _____

Applicant Address _____ City _____ ST _____ Zip _____

Applicant Phone (Home) _____ (Work) _____ (Other) _____

Applicant Email _____

Current Occupation or Employer _____

Previous work experience that you feel is relevant to this particular board _____

Previous community service (boards, etc.) _____

Why do you wish to serve on this board? _____

Please use an additional sheet or the back of this form, to provide any other information you feel would be relevant to the Commissioners' consideration of your application. If you need further assistance please contact 701-573-4448.

Signed _____ Date _____

Return this application to: Dunn County Auditor,
205 Owens St., Manning, ND 58642
via email to: Sally.Whittingham@DunnCountyND.gov