APPLICATION FOR BOARDS AND COMMITTEES

Name:		Date:
Address:	City:	State Zip:
Email Address:		
Phone:(Home)	(Work)	(Cell\Other)
Are you a resident of Lincol Length of residency in Lincol	•	
Board or Committee you are	applying for:	
Occupation:		
Employer:		
Have you previously served If so, which board and for ho	on a County or City board? Yes [] ow long?	No []
Past Memberships and Asso	ciations:	
Current Memberships and A	ssociations:	
List any relevant qualification you prefer.	ns and/or related experience. Attach a	any additional information or a resume if
What are your primary object	ctives for serving on this board?	

An interview may be required if deemed necessary. Thank you in advance for your interest.

RETURN COMPLETED APPLICATION TO: Lincoln County Clerk & Recorder's Office 512 California Ave., Libby, MT 59923

Email: LCCIerk@libby.orq Fax: 293-8577

