

APPLICATION FOR APPOINTMENT TO
GOLF COURSE ADVISORY BOARD

(Type or print legibly)

Date: _____

APPLICANT'S NAME: _____

ADDRESS: _____
(Street)

_____ (City) (Zip Code)

PHONE: _____ (Home) _____ (Work)

CELL PHONE: _____

EMAIL ADDRESS: _____

- | | | |
|---|-----|----|
| 1. Are you a registered voter in Ogle County? | YES | NO |
| 2. Do you reside within the City limits of Rochelle? | YES | NO |
| If not, do you live within the area served by Rochelle Municipal Utilities? | YES | NO |

If you wish to make written statement comments or provide a statement of interest and/or qualifications, please use other side or attached to this form.

I understand this application must be returned to the Mayor's Office city Hall, on or before:

_____.

The above information is true and correct to the best of my knowledge.

Signature of Applicant