

APPLICATION FOR APPOINTMENT TO ADVISORY BOARD/COMMISSIONS

Date:			
Name of Board/Commission:			
Name of applicant:			
Home address:			
Home phone:Cell p	hone:		
Work phone:			
Email address:			
Are you a registered voter in Ogle County?	YES	NO	
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	
Have you ever been convicted of a felony?	YES	NO	
Are you related to an elected official?	YES	NO	
If you wish to make written comments or provide a splease use other side.	statement of int	erest and /or qualif	ications,
I understand this application must be returned to the Mall, on or before The above informy knowledge.			
_	Signa	ture of Applicant	

www.cityofrochelle.net 1/24/2017