City of Portage Wisconsin BOARD / COMMISSION / COMMITTEE APPOINTMENT APPLICATION

Date:	Ald. Dist./Ward:	
Last Name:		
First Name:		M.I.:
Home Address:		
City:	ZII	P:
Home Phone: ()	Work Phone: ()	
Cell Phone: () *(Include Area Code)		
Employer:		
Occupation:		
E-mail:		
Boards/Commissions/Committees of	Interest to You: (List no more than 5.)	
1.		
2.		
3.		
4.		
5.		
Current Committee Service: (List Mayo	oral appointments only.)	
1.		
2.		
3.		

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Qualifications for Appointment:			
Education, Work Experience and/or Civic Background:			
Public Service and/or Civic Involvement:			
Do you reside in the City of Portage? *Non-residency does not disqualify you from most committee member	erships	☐ Yes	□No
Do you hold an elected or appointed public position or of If "Yes," what position or office?	office?	☐ Yes	☐ No
How did you learn of this vacancy?			
City Website (portagewi.gov)			
☐ Television/Radio☐ Referred by City Alder, specify:			
Referred by City Alder, specify:			
Referred by committee member, specify:			
Community Agency, specify:			
Other, specify:			
SIGNATURE OF APPLICANT.			

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