

CITY OF WASECA

City Council Vacancy Application Form

Date_____

Name_____

Address_____

Telephone Number: (Home)_____ (Work)_____ email:_____

Occupation:_____

Please tell us why you are interested in serving on the City Council.

Have you previously served on the City Council? (if yes provide dates)

Have you held, or do you currently hold, an office on any City Board/Commission/Authority?

Please list what qualifications you possess that will be helpful for this review process.
(List your experience, education, certification, etc.)

Please return completed application to Waseca City Hall, ATTN: Mike Anderson, 508 South State Street,
Waseca, MN 56093. Or email to MikeA@ci.waseca.mn.us