APPLICATION

Date: _____

Name of Commission, Board or Committee:_____

Name: _____

Address: _____

City/Village: _____

E-mail Address: _____

Are you a County Resident? ( ) yes ( ) no

Home Phone: _____ Alternate Phone: _____

QUALIFICATIONS

Please be as specific as possible; include information that is targeted toward the Commission, Board or Committee you are applying for. You may attach your personal resume. If you need more space, please attach additional sheets of paper.

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Return to: **Office of the County Administrator**
Attn: Sharon Rasmusson
721 Oxford Avenue, Room 3520
Eau Claire, WI 54703-5481 **Email:** admin@co.eau-claire.wi.us