

APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: _____

NAME: _____

MAILING ADDRESS: _____

HOME ADDRESS: _____ PHONE: _____

(✓ if not for public use: _____)

OCCUPATION: _____ SELF EMPLOYED? _____

EMPLOYER/NAME OF BUSINESS: _____

ADDRESS/ZIP: _____ PHONE: _____

(✓ if not for public use: _____)

YEAR EMPLOYED: _____ YEARS OF RESIDENCY: _____

FAX: _____ E-MAIL: _____ CELL PHONE: _____

EDUCATION/DEGREES: _____

SPOUSE: _____

Please explain your interest in serving on this Board/Committee (new appointments only):

Other City or community memberships: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

New Appointment: _____ Or Reappointment: _____ Term Length: _____ Year(s) Full

Term: _____ Or Unexpired Term: _____ Exp. Date: _____

Comments: _____

Please return to:
Mayor's Office
2101 O'Neil Avenue,
Cheyenne, WY 82001
(307) 637-6300 / FAX (307) 637-6378