

APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: _____

NAME: _____ PREFERRED NAME: _____

MAILING ADDRESS: _____

HOME ADDRESS: _____ PHONE: _____

(✓ if not for public use: _____)

YEARS OF CHEYENNE RESIDENCY: _____

E-MAIL: _____ CELL PHONE: _____

(✓ if not for public use: _____)

EDUCATION/DEGREES: _____

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

Other City or community volunteer experience: _____

Skills & Experience: _____

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
mayor@cheyennecity.org

(Please attach any additional information you wish to share regarding this application)

Notice to Applicants: Application information is subject to the Wyoming Public Records Act and may be considered to be a public record.