



CITY OF GRAND RAPIDS
APPLICATION FOR CITY COUNCIL

NOTE: As an applicant for the City Council, your name, address, and phone number will be available in the media and the public.

(Please type or print clearly.)

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

(If retired, please indicate former occupation/profession.)

Education: _____

Professional and/or community activities:

Please include a brief statement on qualifications:

Signature of Applicant

Please return this form to:

City of Grand Rapids
City Hall Administration Office
420 North Pokegama Avenue
Grand Rapids, MN 55744
cpierzina@grandrapidsmn.gov