

**BOARD APPLICATION FORM
STILLWATER COUNTY, MONTANA**

Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

City _____ State _____ Zip _____

email address: _____

Business or Occupation: _____

Board or Committee applied for: _____

- Please describe your experience or background which you believe qualifies you for service on this Board or Committee (attach additional sheets if needed):

- Why do you wish to serve on this Board or Committee?

- Additional information which you feel is pertinent:

Signature _____ Date _____

Return application to: **Stillwater County Planning Department**
 P.O. Box 1287
 Columbus, MT 59019

OFFICE USE ONLY:

APPOINTED: YES _____ NO _____ DATE _____

TERM EXPIRATION DATE _____

(CIRCLE ONE BELOW)

ORIGINAL APPOINTMENT RE-APPOINTMENT TERM NO. _____