



City of Belgrade

91 E Central Avenue
Belgrade MT 59714

Phone: 406-388-3760

Fax: 406-388-4996

APPLICATION FOR APPOINTMENT

Name:	
Street Address:	
Mailing Address:	
City, State, Zip:	
E-Mail Address:	
Work Phone:	Home Phone:

Applying to Advisory Board or City Council as shown below:

Board of Adjustment (3 yr term)	Gallatin Local Water Quality Board (3 yr term)
City Tree Board (2 yr term)	Gallatin Solid Waste Mgmt District (3 yr term)
City/County Library Board of Trustees (5 yr term)	Police Commission (3 yr term)
City/County Planning Board (2 yr term)	Revolving Loan Fund Review Committee (2 yr term)
City Impact Fee Advisory Committee (2 yr term)	Streamline Advisory Board (2 yr term)
City Park and Recreation Board (2 yr term)	Other
Appointed Council Member - Ward ____ (variable term)	

Please summarize and describe your interest and qualifications for the position(s) you wish to be considered for:

References: Name and Phone number:
 Name and Phone number:
 Name and Phone number:

* Signature of Applicant: _____ Date: _____

Completed applications may be submitted by regular mail, email or fax:

Belgrade City Clerk
91 E. Central Avenue
Belgrade MT 59714

Fax: 406-388-4996
Email: belgrade@cityofbelgrade.net