

CITY OF HOT SPRINGS, ARKANSAS

APPLICATION FOR NOMINATION

CITY BOARD, COMMISSION OR COMMITTEE

Board, Commission or Committee to which nomination is desired:

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I. GENERAL INFORMATION:

Name:

Business Name and Address:

Zip

Business Phone: _____ **FAX Number:** _____

Home Address: _____ **Zip**

District of Residence _____ **Home Phone:**

E-Mail Address: _____ **Voter Reg. No.**

Present Occupation:

II. QUALIFICATIONS AND EXPERIENCE:

III. COMMUNITY SERVICE ACTIVITIES:

IV. PLEASE INDICATE WHY YOU DESIRE TO SERVE ON THE BOARD, COMMISSION OR COMMITTEE

V. IF YOU CONDUCT ANY BUSINESS WITH THE CITY, PLEASE EXPLAIN THE NATURE OF THAT BUSINESS

NOTE: To be eligible for nomination, you must be a registered voter residing within the City of Hot Springs.

PLEASE RETURN THIS FORM TO: Office of the City Manager, City of Hot Springs, P. O. Box 700, Hot Springs, AR 71902.

Fax to: 321-6814