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ADVISORY COMMISSION APPLICATION

Name: _____

Address: _____

Contact Phone: _____

Email: _____

Commission Preference:

Planning & Zoning _____

LRRWMO _____

Economic Development _____

Youth First _____

Park & Recreation _____

Nature Preserve _____

Please state your reasons for requesting to be on the advisory commission checked above:

Describe your education/experience, which qualifies you to serve on this commission: _____

Describe your professional, civic or community activities, which may be relevant to this commission:

Dated: _____

Signature