



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100  
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### ADVISORY COMMISSION APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Commission Preference:**

Planning & Zoning \_\_\_\_\_

LRRWMO \_\_\_\_\_

Economic Development \_\_\_\_\_

Nature Preserve \_\_\_\_\_

Park & Recreation \_\_\_\_\_

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