

City of Richmond

45 Hall Ave. P.O Box 400
Richmond, MN 56368
(320) 597-2075

Application for EDA and/or Planning Commission

Group Applied For: _____

Full Name (Please Print): _____

Home Phone: _____ Work / Cell Phone: _____

Address: _____

Years at this address: _____ Years you have lived in Richmond: _____

E-mail Address: _____

If different length terms are available, which are you applying for? _____

Qualifications You Want to Have the EDA Consider:

(You may continue your responses on the back of this sheet or attach additional material if you wish)

Skills and Interests:

Employment, Occupation or Other Experience:

Memberships, Accomplishments or Other Qualifications:

Please state your reason for wanting to serve with this group:

Signature: _____ Date: _____