

BOARD APPLICATION FORM
YELLOWSTONE COUNTY, MONTANA

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ STATE: MT ZIP: _____

BUSINESS OR JOB: _____

E-MAIL ADDRESS: _____

BOARD OR COMMISSION APPLIED FOR: _____

Please describe your experience or background that you believe qualifies you for service on this Board or Commission (attach additional sheets if needed):

Why do you wish to serve on this Board or Commission?

Additional information that you feel is pertinent (attach additional sheets if needed):

Signature _____

Date _____

Return application to: Board of County Commissioners
P.O. Box 35000
Billings, MT 59107-5000

OFFICE USE ONLY:

APPOINTED: YES ___ NO ___ DATE _____

TERM EXPIRATION DATE: _____

(Circle one)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____