

**BOARD APPLICATION FORM
STILLWATER COUNTY, MONTANA**

Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

City _____ State _____ Zip _____

email address: _____

Business or Occupation: _____

Board or Committee applied for: _____

- ▶ Please describe your experience or background which you believe qualifies you for service on this Board or Committee (attach additional sheets if needed):

- ▶ Why do you wish to serve on this Board or Committee?

- ▶ Additional information which you feel is pertinent:

Signature _____ Date _____

**Return application to: Stillwater Board of County Commissioners
P.O. Box 970
Columbus, MT 59019**

OFFICE USE ONLY:		
APPOINTED: YES _____	NO _____	DATE _____
TERM EXPIRATION DATE _____		
(CIRCLE ONE BELOW)		
ORIGINAL APPOINTMENT	RE-APPOINTMENT	TERM NO. _____