

116 W Main PO Box 273 Solomon KS 67480

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## CITIZEN BOARD EXPRESSION OF INTEREST FORM

Please indicate with an "X" as many as meet Planning & Zoning Commission Recreation Commission	
Name	Address
Number of years you have lived in Solomon	Do you live in city limits?
Phone	E-Mail
Occupation E	imployer
Education (highest year completed, degrees,	etc.)
Prior Appointment or Elected Offices held	
	eer activities
Why would you serve? (discuss specific interest, experience and qualifications which would make you an effective board member)	
Date Signature	

This form will be kept on file for two (2) years. <u>Please Note:</u> All information provided by you on this form is subject to Kansas Open Public Record Statues. As public information, it may be requested by news media representatives or discussed in public meetings.