## CITY OF FAIR GROVE BOARD OR COMMISSION APPLICATION

Board or Commission appli	cation for:			
Name			Date	
Home address				
E-mail address				
Home	Cell		Work	
Best number to call			Best time to call am/p	m
Occupation				
Do you own commercial prop	erty and or op	erate a busin	ess in Fair Grove? Yes N	0
Work/Business Name			Address	
Length of residency in Fair Gr	ove			
Are you now, or have you eve	er served on a l	board, comm	ission for the City of Fair Grov	/e or
any other community?	yes	No		
If yes please give name of board or commission:				
A	V.	NI -		
Are you registered to vote?	Yes	No		
Please feel free to attach a re		opies of any o	ertificates pertinent to	
the appointment you are see	king.			
Mail or deliver application to: City of Fair Grove, 81 S. Orchard Blvd. P O Box 107 Fair Grove, MO 65648				
Any questions contact City Cl				
Signature				