

## **Application for Board/Commission Appointment/Reappointment**

Name (as it appears w/ the Lake Co		
Street Address		
Home Phone	Work Phone	Cell Phone
Email Address		Have you ever been convicted of a felony? (Yes / No)
Name of Board or Commission applying for		Term Expiration Date(s) of Board / Commission Applying fo
Education / Experience as it relates	to the position(s) desire	d
Additional Remarks		
Applicant Signature		 Date

Email completed application with resume to <a href="mailto:schiavoni@cityofmentor.com">schiavoni@cityofmentor.com</a> or mail to City of Mentor, Attn: Council Office, 8500 Civic Center Blvd., Mentor, OH 44060.