

**APPLICATION FORM FOR CEDAR COUNTY BOARD/COMMISSION**

**PLEASE RETURN TO:**

**Cedar County Board of Supervisors, 400 Cedar Street, Tipton, Iowa 52772-1748  
Phone: 563-886-3168 Fax: 563-886-3339 Email: [bos@cedarcountry.iowa.gov](mailto:bos@cedarcountry.iowa.gov)**

**Date:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **(Circle One) Male or Female**  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Application For:** \_\_\_\_\_ **(Board/Commission)**

**Place of employment (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following questions will assist the Board of Supervisors in its selection; however, it is not necessary to complete this information to be eligible for consideration.**

- **How much time will you be willing to devote to this committee?**

\_\_\_\_\_

- **Reason for applying?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- **Contributions you feel you can make to the Board/Commission:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Directions/role you perceive of this Board/Commission:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?**

\_\_\_\_\_  
\_\_\_\_\_

**YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR.  
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE  
REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.**