

CONSIDERATION FOR COUNCIL MEMBER APPOINTMENT
CITY OF HARLAN, IOWA

Name: _____

Harlan Resident Since: _____

Address:

Telephone
Business: _____

Home: _____

Email _____

Education, training or experience applicable to position _____

Civic Activities: _____

(attach additional information as desired)

Signature: _____

Date: _____

Please return to: Harlan City Hall
711 Durant Street
P. O. Box 650
Harlan, IA 51537

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FOR OFFICE USE

Date Received _____

Comments: _____