



City of Chisago City

EDA Application

Please type or print clearly on the application. You may drop it off at Chisago City Hall, fax or email to: abodell@ci.chisago.mn.us.

Name: _____

Address: _____

Phone: Main _____ Work/Secondary _____

E-Mail: _____

Related
Education: _____

Experience
In _____

Municipal
Government: _____

Reason for
Desire to _____

Serve: _____

Additional
Comments: _____

Are you available to attend meetings at approximately 1 per month? _____Yes or _____No