



### 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](mailto: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