



## City Council Appointment Application

Office of the City Manager  
Phone: (605) 347-4422 ext. 209

1040 Harley-Davidson Way  
Fax: (605) 347-4861

Sturgis, SD 57785  
Email: csteele@sturgisgov.com

### APPLICANT INFORMATION

Name:	Registered City Voter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:	City:	State:	Zip:
Area Representing:	Cell:	E-mail:	
Applicant's Signature:			

### Commission/Committee/Board

You must live within the ward where the vacancy exists. In which ward do you live?

Are you currently serving on any commission/committee/board? If so, which one?

Why do you want to be a member of the City Council?

List any abilities, skills, licenses, certificates, specialized training or interests you have which would be applicable to this application:

List any activities in which you are presently engaged that would create a serious conflict of interest should you be appointed:

Briefly list the issues the City faces and the impact you believe appointment to this position would be:

### OFFICE USE ONLY

Date Application Received:

Received by:

City Manager or Designee Signature: