

CITY OF ROCK ISLAND
City Hall
1528 3rd Avenue
Rock Island, IL 61201
(309) 732-2012

APPLICATION FOR APPOINTMENT

Name _____ Board/Commission _____

Address _____ Date _____

Phone: Home _____ Profession _____

Office _____ Number of Years in Community _____

Past Involvements: _____ Present Involvements: _____

Other Qualifications: _____

Return completed form to: _____ Date received: _____

Mayor's Office _____ Action taken: _____