

**Application for Appointment to  
Local Option Sales Tax Subcommittee**

Please indicate the subcommittee to which you are interested in being appointed. *(If more than one, please number in order of choice.)*

- \_\_\_\_\_ Community Center
- \_\_\_\_\_ Storm Water Projects
- \_\_\_\_\_ Robbins Island
- \_\_\_\_\_ Events Center
- \_\_\_\_\_ Swansson Field
- \_\_\_\_\_ Athletic Fields

**Applicant Information**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

Briefly tell us why you want to serve on this subcommittee:

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List any special background or experience you have which would be helpful to this subcommittee:

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Please return completed application to:

City Administrator's Office  
333 SW 6<sup>th</sup> Street  
Willmar, MN 56201  
Email [iholland@willmarmn.gov](mailto:iholland@willmarmn.gov)  
or fax completed forms to: (320) 235-4917