



CITY OF FAIRMONT – 100 Downtown Plaza – Fairmont, MN 56031

Phone (507) 238-9461

www.fairmont.org

Fax (507) 238-9469

## Application for Office Vacancy – Ward 3 Council Member

All information on this form is available to the public, unless otherwise classified by law.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Home Business Cell

E-MAIL ADDRESS: \_\_\_\_\_

NOTE: The completion of the below Education, Employment, and Organizations and Community Involvement sections are voluntary and optional.

Candidates may choose not to provide such information.

### EDUCATION:

Grade School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

### EMPLOYMENT:

Past Employment: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Current Employer: \_\_\_\_\_

### ORGANIZATIONS AND COMMUNITY INVOLVEMENT:

Past Involvement:

Present Involvement:

Are you at least 21 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a registered voter in the state of Minnesota? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you maintained residence in Ward 3 for at least 30 days before applying for the Council vacancy position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bring part of the City Council involves time commitments including attendance at two regular meetings each month (second and fourth Mondays at 5:30 pm) and periodic work sessions. Council members also serve as a liaison to City advisory boards/commissions, which usually meet once a month. Does your schedule allow to you attend these meetings?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If appointed, the council member will serve until the position is filled by the voters at the next general municipal election in November 2024. Why should the City Council appoint you to the vacant position?

*By signing this application, I swear or affirm that I am qualified under the constitution of the United States and the State of Minnesota to seek public office. I affirm the information within this application and any accompanying documents are true and correct to the best of my knowledge.*

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Please note:** If appointed to the City Council, your telephone number will be made available to the public.

**Return application to:**

City of Fairmont  
Attn: Patty Monsen  
100 Downtown Plaza  
Fairmont, MN 56031  
Fax: 507-238-9469  
[pmonsen@fairmont.org](mailto:pmonsen@fairmont.org)