

City of Warrensburg Board/Commission Application



Name of Board(s) you wish to serve on _____

Name _____ Email _____

Address _____

Do you live within the City limits of Warrensburg, MO? Yes _____ No _____ If so, how long? _____

Telephone Number _____ Cell Number _____

What is your knowledge of this advisory Board/Commission?

List any experience or skills you have that qualify you for this position.

Why are you interested in serving on a Board for the City of Warrensburg?

Signature _____ Date _____

Thank you for being interested in serving with the City of Warrensburg. Please complete and return this form to 102 S. Holden St. Warrensburg, MO 64093. This application is a public document and this application must be completed to be considered for a Board/Commission appointment.