



CITY OF AURORA  
16 WEST 2<sup>ND</sup> AVE NORTH  
PO BOX 160  
AURORA MN 55705  
(218) 229-2614  
[www.aurora-mn.com](http://www.aurora-mn.com)

## APPLICATION FOR CITY COUNCILOR

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

Are you a resident of the City of Aurora?     Yes     No

### Statement of Interest

Please explain why you are interested in serving on the City Council:

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### Qualifications: Experience, Education, Training

Please list your qualifications that are related to you serving on the City Council:

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### Availability

Are you able to meet as necessary to fulfill the responsibilities of this appointment?     Yes     No

\_\_\_\_\_  
**Applicants Signature**

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

*This application is public record. The City of Aurora considers applicants for all positions without regard to race, sex, religion, disability, sexual orientation or any other legally protected status.*