CITIZEN SERVICE INFORMATION FORM

Name (Print): _____ Date: _____
Last First Middle

Home Address: _____

Business Name: _____

Business Address: _____

Telephone (Home): _____ (Work): _____

E-mail address: _____

How long have you lived in the City of Whitewater?: _____

Which Boards, Commissions, and/or Committees interest you?

Please give a brief overview of your background, experience, interest, or concerns in the above areas:

References:

1. _____ Phone: _____
_____
_____

2. _____ Phone: _____
_____
_____

Return this form to:
City Clerk
312 W. Whitewater Street
Whitewater, WI 53190
msmith@ci.whitewater.wi.us

_____
Signature

Revised 3/18/05