



**CITY OF BENTON**

**COMMISSIONER APPLICATION**

*THIS FORM IS PUBLIC INFORMATION AND SUBJECT TO THE FREEDOM OF INFORMATION ACT*

Commission \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

(Street, City, Zip)

Phone Numbers: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

(Preferred)

(Year)

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

Place of Employment/Occupation: \_\_\_\_\_

Other Boards/Commissions Served: \_\_\_\_\_

Educational Background: \_\_\_\_\_

*You may include a resume, references and/or statement of interest along with this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATIONS NEED TO BE SUBMITTED TO THE CITY CLERK. PO BOX 607, BENTON, AR 72018 OR

DELIVERED TO 410 RIVER ST, BENTON, AR 72015 OR EMAILED CITYCLERK@BENTONAR.GOV