CITIZEN SERVICE INFORMATION FORM

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

Home Address: _____

Business Name: _____

Business Address: _____

Telephone (Home): _____ (Work): _____

Email Address: _____

How long have you lived in the City of Fort Atkinson? _____

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:_____
_____
_____

_____
Signature

Return this form to:
City Manager's Office
101 North Main Street
Fort Atkinson WI 53538
lcarl@fortatkinsonwi.net