

APPLICATION FORM FOR MUSCATINE COUNTY BOARD OF REVIEW

Please Return To: Muscatine County Assessor
414 E 3rd St Ste 202
Muscatine Ia 52761

Phone: 563-263-7061
Fax: 563-262-4169
assessor@co.muscatine.ia.us

Date _____ Email Address _____
Name _____
Address _____
City _____ State _____ Zip Code _____

This form assists the Muscatine County Conference Board in evaluating the qualifications of applicants for appointment to a the Board of Review. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

Female Male

Place of employment and position (and/or activities such as hobbies, volunteer work, etc. that you feel may qualify you for this position):

The following questions will assist the Conference Board in its selection.

- How much time will you be willing to devote in this position?

- Interest in Appointment: Describe in detail why you are interested in serving on a county board of review. Include information about your background that supports your interest.

- Contributions you feel you can make to the Board of Review:

(Continued on back)

• In which area would you qualify for this position on the Board of Review? (Check all that apply)

Farmer

Real Estate

Contractor/Arichitect

Other

• Do you have any comments to add that may assist the Conference Board in its selection?

Please provide two references who may be contacted on your qualifications for this position.

Name _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

I certify that there is nothing that would prohibit me from serving on the Board of Review.

Signature _____ Date _____

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR.
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND DISTRIBUTED FOR THE PUBLIC.