CITY OF IOLA
Board Application

Name: _____ Date: _____

Address: _____

Telephone: _____ Business Telephone: _____

Email Address: _____

How long have you been a resident of Iola? _____

Briefly describe why you are interested in serving on this Board for the City of Iola?

_____

_____

_____

_____

Please list any groups or activities that you participate in.

_____

_____

_____

_____

Please check or number in order of preference the board(s) you are interested in serving on.

____ Board of Zoning Appeals ____ Convention & Tourism ____ Library Board ____ Planning Commission

____ Public Housing Authority

Signature: _____ Date: _____

Please return to the City Clerk's Office at City Hall
2 W. Jackson Iola, KS 66749

Thank you for your interest in serving on a Board/Commission
It is rewarding to see individuals who are willing and able to
commit their time and energy to make the City of Iola
a better place to work, live and play.