

CITY OF SPICER
217 HILLCREST AVE, P.O. BOX 656
SPICER, MN 56288
320/796-5562

APPLICATION TO SPICER ECONOMIC DEVELOPMENT AUTHORITY

Date: _____

Name: _____ Phone No. _____

Mailing Address: _____

Residency Address: _____

Interests and/or reasons for serving on this commission:

Other organization memberships and dates/hours of meetings:

Remarks: _____

Date of Receipt: _____ Application: Approved: _____ Denied: _____

Term of Position is from _____ to _____.