



**Application for Appointment to Metropolitan Council  
LAND USE ADVISORY COMMITTEE**

**APPLICANT  
NAME:**

\_\_\_\_\_ Last \_\_\_\_\_ First

**BUSINESS/WORK  
ADDRESS:**

\_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code

**PROFESSIONAL/TECHNICAL EXPERTISE IDENTIFIED IN THE COMMITTEE BYLAWS (primary area):**

\_\_\_\_\_ Local Elected Official \_\_\_\_\_ City \_\_\_\_\_ County  
\_\_\_\_\_ Citizen Member

**Brief summary of professional/technical expertise checked above as it applies to the Land Use Advisory Committee (a resume or additional materials may be attached):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Applicant Signature**

\_\_\_\_\_ **Date**

**NOTICE:** The information on this application is public information under the Minnesota Government Data Practices Act and may be disclosed to persons or entities requesting this information.

**METROPOLITAN COUNCIL LAND USE ADVISORY COMMITTEE  
APPOINTMENT APPLICATION  
SUPPLEMENT**

***DATA PRACTICES ACT NOTICE***

<b>INFORMATION ON THIS PAGE IS PRIVATE; DO NOT DISCLOSE TO THE PUBLIC</b>
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The information requested on this application supplement is classified as “private data on individuals” by the Minnesota Government Data Practices Act. The information will be used by the Metropolitan Council and its staff for the purposes of broadening citizen participation in Council decision-making processes. The information about you contained on this application supplement will be made available to members of the Metropolitan Council and Council employees whose work assignments reasonably require access to the information.

<b>APPLICANT NAME:</b>			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Last</b></td> <td style="width: 50%; border: none;"><b>First</b></td> </tr> </table>	<b>Last</b>	<b>First</b>
<b>Last</b>	<b>First</b>		

<b><u>Preferred</u> MAILING ADDRESS:</b>			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"><b>City</b></td> <td style="width: 30%; border: none;"><b>Zip Code</b></td> </tr> </table>	<b>City</b>	<b>Zip Code</b>
<b>City</b>	<b>Zip Code</b>		

<b>CONTACT NUMBERS:</b>		
	<b>Business/Work Telephone</b>	<b>Home Phone</b>
	<b>Fax</b>	<b>Cell Phone</b>
	<b>E-mail (business)</b>	
	<b>E-mail (home)</b>	

**Return application to:**     **Attention: Julie Meadows**  
 Metropolitan Council  
 390 North Robert St.  
 St. Paul, MN 55101  
 Fax: 651.602.1358  
[julie.meadows@metc.state.mn.us](mailto:julie.meadows@metc.state.mn.us)