Print Form

Bismarck Community Development Department
Advisory Board/Authority Membership Application

Name:

Mailing Address:

Home Phone: Work Phone:

Email Address:

The board or commission on which you are applying to serve:

☐ Board of Adjustment ☐ Parking Authority ☐ Planning & Zoning Commission ☐ Renaissance Zone Authority

List below the skills or qualifications you could bring to this advisory board/authority:

Please explain your reasons for wanting to serve on this advisory board/authority:

What is your principal occupation?

List the associations or institutes with which you are closely associated, or serve as a director or officer:

Downtown Parking District

If an application for the Parking Authority, do you own property within the Downtown Parking District?

Signature: _____

Date: _____

Please return application to:

Carl Hokenstad, AICP, Director
Bismarck Community Development Department
PO Box 5503
Bismarck, ND 58506-5503