

LEWISTON CITY

BOARD AND COMMISSION APPLICATION

Thank you for your interest in serving Lewiston City. Complete this application and return it by the published deadline. Eligibility requirements vary by board or commission. Attach additional pages or a resume if needed.

1 Applicant Information	
Full Name	
Street Address	
City, State, ZIP	Length of Lewiston Residency
Primary Phone	Email Address
Are you a Lewiston City resident? () Yes () No	Are you at least 18 years old? () Yes () No

Do not include a Social Security number, driver's license number, medical information, or other unnecessary sensitive information.

2 Position Requested	
Board, Commission, Council, or Committee	
Application Type () New appointment () Reappointment	Second Choice, if Any
3 Interest and Qualifications	

Why are you interested in serving on this board or commission?

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Describe relevant experience, education, skills, community involvement, or other qualifications.

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List any previous service on a public board, commission, committee, or community organization.

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4 Availability and Service

Can you regularly attend scheduled meetings?

☐ Yes ☐ No

Available for required training?

☐ Yes ☐ No

Describe any scheduling limitations or periods when you are regularly unavailable.

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What would you hope to contribute or accomplish through this service?

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5 Conflicts of Interest

Do you have any employment, business, financial, family, organizational, or other interest that could create an actual or potential conflict with the work of the board or commission?

☐ No ☐ Yes. If yes, explain below.

Explanation

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6 Certification and Acknowledgment

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that submitting an application does not guarantee an interview or appointment. If appointed, I agree to comply with applicable laws, City policies, attendance expectations, conflict-of-interest requirements, and required training. I understand that this application and related records may be subject to disclosure under the Utah Government Records Access and Management Act.

Applicant Signature

Date

Submit completed applications to Lewiston City at the location or email address stated in the vacancy notice.

City Use Only

Date Received

Application Deadline

Eligibility Verified By

Date Verified

Eligibility Status

☐ Eligible ☐ Ineligible ☐ Additional information needed

Distributed to mayor and City Council

Date: _____

Council Meeting Date

Appointment Decision

☐ Appointed ☐ Not appointed

Term

Begins: _____ Expires: _____