



APPLICATION FOR CHISHOLM-HIBBING AIRPORT AUTHORITY CITY OF HIBBING, MINNESOTA

Name: _____ Date: _____

Address: _____
Street Address _____ City _____ State _____ Zip _____

Phone #: _____ (Cell) _____ (Work)

E-mail Address: _____

Eligibility Requirements (Please check if applicable):

I am 18 years of age.

I am a Hibbing resident.

I am a registered voter within the City of Hibbing.

I have not been convicted of a felony in the past 10 years.

I am interested in serving on the Chisholm-Hibbing Airport Authority (CHAA).

Your occupation/profession: _____
(Retired? Please indicate former occupation/profession)

Why are you interested in being on the Chisholm-Hibbing Airport Authority (CHAA)?

What skills, knowledge or experience do you have to serve on the Chisholm-Hibbing Airport Authority (CHAA)?

Note: The information on this application will be available to the public and media. You may be asked to participate in an interview process with city staff. Please submit a resume or any other relevant information with this application.

*** By signing this application, I attest that all information provided here and on my resume is true.**

Signature of Applicant: _____ Date: _____

Download & submit to: City Clerk's Office, Attn: Candie Seppala, 401 E. 21st St., Hibbing, MN 55746 -- or --
send via email to **candieseppala@hibbingmn.gov** or hit the submit button below.