



## 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. 21<sup>st</sup> St., Hibbing, MN 55746 -- or --  
send via email to [candieseppala@hibbingmn.gov](mailto:candieseppala@hibbingmn.gov) or hit the submit button below.