Nevis City Council Candidate Application

This council seat is to fill the remaining 2 years of a 4-year term.

Candidate Information:

Full Name (First, Middle, Last): _____

Residential Address: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Candidate's Length of Continuous Residence:

State of MN: _____yr(s) _____months Nevis _____yr(s) _____months

Expectations of Council Members:

- Represent the city in a professional manner.
- Prepare for/and attend meetings while receiving minimal compensation.
- Understand and abide by city ordinances.
- Attend city events.
- Engage professionally with residents.

Candidate Questionnaire:

1. What has motivated you to pursue this council position?

2. What skills and expertise would you bring to the City Council?

3. What is your approach to handling controversial and complicated issues?

4. What do you believe are the most important issues facing the City of Nevis?

Candidate Certification:

By my signature below, I hereby request that I be considered for the open City Council seat and certify that I am a fulltime resident of the City of Nevis and that all information submitted in my application is true and correct.

_____ _____

Signature Date