

**CITY OF ROCK PORT**  
**Board Member Interest Form**  
500 S. Main St., Rock Port, MO 64482  
(660) 744-2636 Fax: (660) 744-5553

Supplying the following information will assist the Mayor and Board of Aldermen in considering your interest in a City Board. (Forms remain on file with the City Clerk for two years). The information provided is considered public information. Submission of a completed form does not guarantee placement on a Board or Commission. *You must reside in the City of Rock Port to be considered for placement on a Board or Committee.*

**Personal/Home Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Contact Information**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Part I: Please indicate the areas in which you have an interest:**

Write (1) for STRONG INTEREST or (2) for MODERATE INTEREST. Leave blank if limited or no interest.

	Board of Adjustment
	Health Board
	Park Board
	Planning & Zoning Commission
	Board of Public Works
	Tourism Board

**Part II: Background Information**

**Reason(s) You Wish to Serve on Board/Committee:**

\_\_\_\_\_

**Previous Board and Committee Appointments:**

\_\_\_\_\_

**What knowledge or skills do you possess that you feel will assist you in serving on this board/commission?** \_\_\_\_\_

\_\_\_\_\_

**Please explain any business or property interests that might place you in a conflict of interest situation should you be appointed.**

\_\_\_\_\_

Please return completed form to: **Ashtin Paris, City Clerk** [rpcityhall@rpt.coop](mailto:rpcityhall@rpt.coop)  
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(660) 744-2636 Fax: (660) 744-5553

Office Use Only: Date Appointed: \_\_\_\_\_ Board Name: \_\_\_\_\_