



City of Dunn Center



Council Member Interest Form

Name: _____

Phone Number: _____

Email: _____

Address: _____

Why are you interested in this position?

Why do you think you would be a good fit for this position?



What are some of your strengths and skills?

Will you be interested in running in the 2028 election if you're chosen for this position (Y/N)? _____

Signature: _____ Date: _____

Printed Name: _____

Auditors Signature: _____ Date Received: _____