



**Application for Appointment to the
Zavoral Mine and Reclamation Project EIS Public Advisory Committee**

Name: _____ Phone: _____

Applying as individual or representative of the following interest group:

Home Address: _____ Zip: _____

E-Mail Address: _____

How long have you been a resident of Scandia: _____

Property that you own in Scandia (other than a residence): _____

Other committee experience: _____ Dates served: _____

Environmental or other technical background or interests: _____

In 50 words or less, please state why you are interested in participating on the
Committee for the Zavoral Mine and Reclamation Project EIS.

(over)

By submitting this application, I agree to attend and participate in all scheduled Committee meetings. I understand that the goal of the City Council is to select individuals for the Committee that will represent the needs and interests of all residents of the City of Scandia and I agree to do so. Furthermore, I understand that the Committee is advisory in nature.

The following paragraphs inform you of your rights as a subject of government data that are part of this application process and Committee participation.

In accordance with M.S. 13.04 Subd. 2 we must inform you of your rights as a subject of government data. The information you give us about yourself is needed to identify you and assist in determining your suitability for the positions(s) for which you are applying. The information that we collect about you is classified as either Public or Private. Public means that it is available to anyone who asks to see it. Private means that the information is available only to the person the information is about and to the staff who must use it in the normal course of conducting City business and as otherwise provided for by law.

As the person executing this application, I acknowledge that an investigation may be conducted for use in determining my qualifications. I hereby expressly authorize release of any and all information which any organization, company or person may have, including information of a confidential or privileged nature. I hereby release the City and any organization, company or person furnishing information to the City, as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

You may attach a resume if you desire. Thank you for your interest in serving on the Committee.

Signature: _____ Date: _____

Return completed application to: City of Scandia
14727 209th St. N.
Scandia, MN 55073
Phone: (651)433-2274 Fax: (651)433-5112
Email: mail@ci.scandia.mn.us