

**APPLICATION**

**CITY OF HUDSON**

Municipal Services Center  
115 Executive Parkway, Suite 400  
Hudson, Ohio 44236-1693

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

YEARS OF RESIDENCE \_\_\_\_\_ ARE YOU A REGISTERED VOTER? \_\_\_\_\_

I am interested in serving on the \_\_\_\_\_ Board/Committee/Commission.

**QUALIFICATIONS:** Please provide additional information, including educational and professional background, which may assist Council in its review. (Append additional pages and/or a resume, if desired.)

**NOTE:** Applicants must be a resident of the City of Hudson, Ohio, for two years prior to appointment and must remain a resident during the entire term. Only qualified electors will be considered for open positions on boards and commissions.

(Revised 11/26/2018)