

DUNN CENTER — NORTH DAKOTA —

CITY COUNCIL INTEREST FORM

3 Main St W Dunn Center, ND 58626
www.cityofdunncenter.com

Phone # (701) 548-8130
dunncenter@ndsupernet.com

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Occupation: _____

Place of Employment: _____

Educational Background: _____

Number of years as Dunn Center resident: _____

Explain why you are interested in serving on the Dunn Center City Council (attach additional pages if necessary): _____

Describe any prior/current experience that may relate to serving on the City Council; such as in the areas of planning, community involvement, organizational and strategic planning, policy development, programming, collaborate decision making and public finance (attach additional pages if necessary):

If appointed will you be interested in running for the City Council seat at the next election?

- ☐ Yes
☐ No

List other municipal boards and/or committees you have served (attach additional pages if necessary)

	Years Served
1.) _____	_____ to _____
2.) _____	_____ to _____
3.) _____	_____ to _____
4.) _____	_____ to _____

Affirmation of Eligibility to Serve - I swear (or affirm) that this is my true name or the name by which I am generally known in the community. I also swear (or affirm) that:

Signature: _____ **Date:** _____

Subscribed and sworn to before me this _____ day of _____, 2025.

City of Dunn Center Auditor

Complete and return by: August 28, 2025 – 4:00 p.m.
City of Dunn Center
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Dunn Center, ND 58626
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