




City Clerk

Room 318
411 West First Street
Duluth, Minnesota 55802

 218-730-5500

APPLICATION FOR APPOINTMENT CITY OF DULUTH VACANT SECOND DISTRICT CITY COUNCILOR POSITION

THE INFORMATION YOU PROVIDE ON THIS FORM IS SUBJECT TO THE MINNESOTA GOVERNMENT DATA PRACTICES ACT AND MAY BE CLASSIFIED AS PUBLIC DATA PURSUANT TO MINN. STAT. § 13.601.

- **APPLICATION DEADLINE:** Applications must be submitted by email to the City Clerk at clerks@duluthmn.gov or to the City Clerk's Office, 318 City Hall, 411 W. 1st St., Duluth, MN 55802. Applications must be received by **4:00 p.m. on August 4, 2025**. Applications received after that date and time will not be accepted.
- **INTERVIEWS:** The first round of Council interviews will be held on **August 7, 2025**, following the regular agenda session. Three candidates will proceed to a second round of interviews at a special council meeting on **August 11, at 5:00 p.m.** After this special meeting, a final candidate will be selected for appointment.

NAME: _____

HOME ADDRESS: _____

☐ My residence address is to be classified as private data. I certify a police report has been submitted or I have an order for protection for my (or my family's) safety, or my address is otherwise private by Minnesota law. I have attached a separate form listing my residence address.

WHAT COUNCIL DISTRICT DO YOU RESIDE IN? _____

TELEPHONE: _____

EMAIL: _____

VOCATION, OCCUPATION, EMPLOYMENT: _____

PLEASE ATTACH THE FOLLOWING:

- ☐ **REQUIRED:** A statement (limited to 250 words) describing why you are applying to serve as Second District City Councilor for the City of Duluth.
- ☐ **OPTIONAL:** you may attach a resume.

AFFIRMATION:

www.duluthmn.gov

The City of Duluth is an Equal Opportunity Employer.

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:

- I am eligible to vote in Minnesota;
- I am, or will be on assuming office, 21 years of age or more;
- I will have maintained residence in the City of Duluth for at least 30 days before appointment.

SIGNATURE: _____ **DATE:** _____

STATEMENT: