



# City of Heidelberg

Return Completed Application to:  
City Administrator Melissa Edwards Miller  
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Phone 952-290-0567 or 952-297-4239

## Application for Appointment City Council

Please complete the ENTIRE application form. Applicants may attach a cover letter and/or resume if desired.

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First M.I.

**ADDRESS:** \_\_\_\_\_  
Street Address City Zip

**CONTACT PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Are you a registered voter in Le Sueur County?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you lived in Heidelberg for at least 30 days?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you able to attend evening meetings?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Have you previously served on a city board?** YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes", please list Board/Commission and Term(s):

I declare under penalty of perjury, under the laws of the State of Minnesota, that the foregoing is true and correct. I acknowledge that the information provided as a part of the application, will become a public record to be disclosed upon request.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_