

APPLICATION FOR CITY BOARDS AND COMMISSIONS

Return to: City Administration Office 420 N. Pokegama Avenue Grand Rapids, MN 55744 218-326-7600

Personal Information:

Name: Pat Schwartz	Date: April 18, 2023
Address:	Day Phone:
Employer: Hat Trick Partners / Edina, MN	Evening Phone:
Occupation: Athlete Consultant	F Moil
Please rank in order the Boards/Commissions on on which you do not wish to serve):	which you would like to serve (leave blank any
Arts & Culture Commission	Civic Center Advisory Board
Economic Development Authority	Planning Commission
Golf Course Board Human Rights Commission	Police Community Advisory Board Public Utilities Commission
Library Board	Tuone cunius commission
Do you have special qualifications that you feel would help you be particularly effective on a City Board or Commission? (i.e. work experience, volunteer experience, education, hobbies, etc?) I worked at the Pokegama Golf Course for approximatley 4 years as a Grounds Maintenance Forman under Dan Peluso. I am very familiar with this course as while I was employed there. How did you become interested in serving on a Board or Commission?	
I would like to give back to the community in some way and serving under a Board or Commision is I feel a great way to do that.	
Are you related to any City employee or elected official? YES NO	
Are you a Resident or Non-Resident?	

Do you own property or own a business within the Grand Rapids city limits? YES NO V If yes, please explain:
Data Authorization: Pat Schwartz
If appointed, I,, authorize the City of Grand Rapids to release the following private data upon request made to the City (check all that apply).
Home Phone #
Work Phone#
Cell Phone #
I also authorize the City of Grand Rapids to release such authorized private data referenced above to members of the general public, City staff, Mayor and City Council members upon request for such data. The person(s) receiving such private data must use it only for lawful purposes.
This authorization shall be modified or cancelled only upon written notice to the City Clerk, City of Grand Rapids.
I agree to inform the City Clerk's office of any change indicated above.
I agree to relinquish and waive all claims that may arise against the City, its agents or employees for releasing any and all authorized data referenced above relating to this agreement.
I,
4/18/23
Date Signature