



City of Princeton

Application for Commission or Board

DATA CLASSIFICATION ADVISORY: Please be advised that the information that you are requested to provide is classified as private data pursuant to Minnesota Statute 13.43 except for the following data which is classified as public data: (1) name; (2) city of residence except when the appointment has a residency requirement that requires the entire address to be public; (3) education and training; (4) employment history; (5) volunteer work; (6) awards and honors; (7) prior government service.

If you are appointed to a position on a board or commission, the following additional data will be classified as public data: (1) residential address; (2) either a telephone number or electronic mail address where the appointee can be reached, or both at the request of the appointee. Any electronic mail address or telephone number provided by the city for use by an appointee shall be public. An appointee may use an electronic mail address or telephone number provided by the public body as the designated electronic mail address or telephone number at which the appointee can be reached.

APPLICANT'S NAME:
Last Name: Oleen First Name: Mark Middle Initial: S.

FOR WHICH BOARD(S) ARE YOU APPLYING?:
AIRPORT ADVISORY BOARD HRA BOARD PUBLIC UTILITIES COMMISSION
CABLE TV BOARD PARK & REC BOARD TREE BOARD
ECONOMIC DEV. AUTH. PLANNING COMMISSION

HOME ADDRESS: 28342-134th Street NW Zimmerman MN 55398

WORK PHONE: 389-6114 **HOME PHONE:** _____ **CELL PHONE:** 320-333-1074

EMAIL: Msoleen@bremer.com **HOW LONG HAVE YOU LIVED IN PRINCETON?:** _____

WHAT INTERESTS YOU ABOUT BECOMING A MEMBER OF THIS COMMISSION OR BOARD?
An interest in serving the community where I live, work and worship. I know residents of the property and would like to assist them in receiving quality living arrangements.

PLEASE PROVIDE ADDITIONAL INFORMATION THAT YOU BELIEVE IS IMPORTANT IN CONSIDERING YOUR APPLICATION:
(Additional information may be written on the back or on a separate sheet)
I have lived in the area for 25 years and worked in Princeton as a banker for 16 years. Currently working on M Health Fairview Northland Medical Center Community Advisory Council focusing on health needs assessments for the community. A personal goal to help the community I work in achieve equity in health and life.

I HEREBY ATTEST THAT:
- I have read and understand the Data Classification Advisory above.
- Mark Oleen Have sufficient time to devote to this responsibility and will attend the required meetings if appointed.
SIGNATURE _____ **DATE** 2-13-2024

OFFICE USE ONLY	
Date Received	_____
Appointment Date	_____
Appointed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Term End Date _____