



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: Peters Robert I.
Last Name First Name Middle Initial

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

HOME ADDRESS: 903 W 6th Ave Princeton 55371

WORK PHONE: **HOME PHONE:** 763-389-4791 **CELL PHONE:** 763-807-6125

EMAIL: Cowboy@Izoom.net **HOW LONG HAVE YOU LIVED IN PRINCETON?:** 50 years

WHAT INTERESTS YOU ABOUT BECOMING A MEMBER OF THIS COMMISSION OR BOARD?
Trying to stay informed on Parks & Rec. Also like being around & help make changes.

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 HEREBY ATTEST THAT:
- I have read and understand the Data Classification Advisory above.
- I have sufficient time to devote to this responsibility and will attend the required meetings if appointed.
Robert Peters 1-12-2021
SIGNATURE **DATE**

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