



Fairbanks North Star Borough

DEPARTMENT OF PUBLIC WORKS
Rural Services Division

NON-ROAD SERVICE AREA COMMISSIONER APPLICATION

Service Area: _____

Legal Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

City / Zip Code: _____ Mobile Phone: _____

Residential Address: _____ Fax: _____

Property Address: _____ Email: _____

(No address: use subdivision, block, and lot or tax lot number)

What other commissions do you serve on? _____

(Commissioner may not serve more than three service areas)

I am interested in serving on this commission because: _____

Please list your background and any areas of special interest: _____

- I affirm that I am a registered voter residing within the borough.
- I affirm that I own property within Service Area.
- I have included the completed signed financial disclosure form; and
- I understand I will sign a notarized oath of office within 30 days of appointment in order to serve as a Service Area Commissioner.

Signature _____ Date _____

(forms that are not signed will not be accepted)

date received

(office use only)

As a Commissioner, you will receive a FNSB Email account to handle Service Area business. Please check one of the following boxes to indicate your preferred method of receiving correspondence from Rural Services, if appointed:

VIA Email **or** VIA US Postal Service

(VIA Email: Commissioners may request hard copy of correspondence delivered)

Submit Form to FNSB Rural Services Division:

Deliver: 520 5th Ave., First Floor, Suite D
Mail: PO Box 71267, Fairbanks, AK 99707
Fax: 907-459-1499
Email: ruralservices@fnsb.gov

The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

**DISCLOSURE OF PRESENT ECONOMIC INTEREST
APPOINTED PUBLIC MEMBERS OF A BOARD, COMMISSION, OR OTHER MUNICIPAL BODY**

1. _____
(YOUR NAME: LAST, FIRST, MIDDLE)

2. _____
(BOARD, COMMISSION, OR OTHER PUBLIC BODY TO WHICH YOU ARE APPLYING.)

3. FOR TERM ENDING: _____

4. PLEASE GIVE THE BUSINESS NAME OF YOUR EMPLOYER, TYPE OF BUSINESS, YOUR POSITION.

(BUSINESS NAME) (TYPE OF BUSINESS) (YOUR POSITION)

5. IF YOU ARE SELF-EMPLOYED, CHECK THIS BOX: SELF EMPLOYED

DECLARATION

I understand that I am required to disclose any interest which would cause me or an immediate family member (including all household members) to have a personal or financial interest, different than those of the public generally, in matters coming before the board, commission, or other public body of the municipality to which I have been appointed. When such matters arise, I will also inform the other members on the record, so that the potential for a conflict of interest can be addressed prior to action by the public body.

I have the following interest(s) which would cause me, an immediate family member, or household member to have a personal or financial interest, different than those of the public generally, in matters coming before the public body during my term:

(ATTACH SEPARATE SHEETS AS NECESSARY)

If the situation changes, or I acquire new interests, I will file a supplemental disclosure with the Clerk's Office. I affirm that this **DISCLOSURE** is true and correct to the best of my knowledge.

Signature

Date