CITY OF ELOY
628 N. MAIN STREET
www.eloyaz.gov
ELOY, AZ 85131
(520)466-9201
Fax: (520)466-3161

Date: _____

Dear Members of the Council:

I _____, would like to apply for a seat on the **Pension Board**. I have been a resident of Eloy since _____ and presently reside at _____, Eloy, Arizona 85131.
(month/year)

The following information is being submitted for your consideration:

Civic Participation: (Clubs, offices held, etc.)

Additional Information:

I am interested in serving and/or am qualified to serve on the Board because

_____ _____ _____ _____
Signature of Applicant Home/Cell Phone No. Work Phone No. Email address

----------DO NOT WRITE BELOW THIS LINE----------

APPOINTED BY COUNCIL ____ YES ____ NO DATE APPOINTED _____

TERM EXPIRES _____ SIGNATURE _____