



Fairbanks North Star Borough

DEPARTMENT OF PUBLIC WORKS
Rural Services Division

ROAD SERVICE AREA COMMISSIONER APPLICATION

Service Area: _____

Legal Name: _____ Preferred Name: _____

Home/Main Phone (This number will be publicly available): _____

Mobile Phone: _____ Work Phone: _____ Fax: _____

Email: _____

Mailing Address With City / Zip Code: _____

Residential / Physical Address: _____

Service Area Property Address: _____
(If No address: use subdivision, block, and lot / tax lot number / PAN number)

What other commissions do you serve on? _____
(Commissioners may not serve on 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 the 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 on BOTH pages can 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:

Hand Deliver: 520 5th Ave., First Floor, Ste D

Mail: PO Box 71267, Fairbanks, AK 99707

Fax: 907-459-1499

Email: Rural_Services@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. _____
TERM ENDING (Office Use Only)

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

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