

Citizen Appointment Application

Our mission is to deliver quality public services to the citizens in an effective, professional and efficient manner.



Position Sought: _____
(Appointment you are seeking)

Applicant Name: _____
(First Name) (Last Name)

Your Address: _____
(Street) (City) (State) (Zip)

Day Phone: _____ Evening Phone: _____

E-Mail: _____ Fax: _____

Township: _____ Commissioner District: _____

What work experience, education or special training do you have which you feel particularly fits you for the appointment to this position?

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

(Signature of Applicant)*

(Date)

*If another or group is nominating the applicant, the applicant's signature indicated consent to nomination.

Mail, Fax, or submit
Application in
Person, to: Wabasha County Administrator
Wabasha County Courthouse
625 Jefferson Ave.
Wabasha MN 55981

Fax: (651) 565-2774
Phone: (651) 565-3073
Email: mplante@co.wabasha.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.