

**TOWN OF GRAND CHUTE  
Committee/Commission Interest Form**

**First Name**

**Initial**

**Last Name**

**Home Phone**

**Cell Phone**

**E-Mail**

**Street Address**

**Zip**

**Date of Birth**

**Committee or Commission of Interest**

**Date Submitted**

**Educational Experience**

**Work Experience/Professional Qualifications**

**Other Relevant Information, Affiliations, etc.**

**Town Offices Previously Held**

**From (Date)**

**To (Date)**

**Signature** \_\_\_\_\_

*Applicants will be considered for openings that occur within one year of submission. Please notify the Town Clerk's Office to indicate continued interest after one year has elapsed.*

**Please attach resume or other background summary and return to:**

Kayla Filen, Town Clerk  
1900 W. Grand Chute Boulevard  
Grand Chute, WI 54913  
Kayla.Filen@grandchutewi.gov  
Phone: 920-832-5644      Fax: 920-993-7032