



## LINCOLN COUNTY CLERK

Lincoln County Service Center  
801 N Sales Street-Suite 201  
Merrill, WI 54452  
Phone (715) 539-1019  
Fax (715) 539-8054

### **Citizen Participation** **Board of Adjustment Application**

#### 1) **Personal/Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Township of  
Residence: \_\_\_\_\_

#### 2) **Previous Experience**

Have you previously served on any Committee, Board or Commission?    Yes    No

If yes, please indicate which Committee(s), Board(s) or Commission(s)

**Committee, Board or Commission**

**When**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3) **Qualifications**

Below or on a separate piece of paper, please be as specific as possible and include information that is targeted towards the Committee, Board or Commission you are applying for. You may attach your personal resume to this page.

Please return the application to the mailing address listed above or email it directly to  
**Chris.Marlowe@co.lincoln.wi.us**