City of Alexandria

8236 West Main Street, Alexandria, KY 41001
859-635-4125

APPLICATION

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE by Day: _____ Evening: _____

REFERRED BY: _____

CITY COUNCIL VACANCY

Please explain why you would like to be considered, and any qualifications you possess for appointment to the Alexandria City Council. You may also attach any other documents pertinent to this application, i.e. resume, etc.

PLEASE NOTE: Applicants must be Alexandria residents, having lived within the corporate city limits of Alexandria for at least one year.

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