

CITY OF BOZEMAN, MONTANA  
APPLICATION FOR THE AUDIT COMMITTEE

Date: \_\_\_\_\_

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

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

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Length of time in the Bozeman area: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you ever served on a City or County board? \_\_\_\_\_  
(If so, where, what board, and how long?)

Do you have experience in finance, accounting or management? If so, please explain.

Please explain any other relevant qualifications, interests, and experiences.

References (Individual or Organization) Name:

Phone:

_____	_____
_____	_____
_____	_____

This application is considered public record. Application contact information may be displayed on the City of Bozeman website.

**PLEASE NOTE:** Per Ordinance No. 1759, revising Chapter 2.01 of the Bozeman Municipal Code, all board members are required to attend a yearly ethics workshop provided free of charge by the City as a condition of service as a member of a board.