



Village of Tolono

507 W Strong Street • PO Box 667 • Tolono, Illinois 61880-0667

Phone (217) 485-5212 • Fax: (217) 485-5117

<https://www.tolonoil.us>

Application for Appointment

Name: _____

Street Address: _____

Mailing Address (if different): _____

Home Phone: _____ Work: _____ Mobile: _____

Email address: _____

What appointment(s) are you interested in? _____

Are you a resident of the Village of Tolono? Yes No

Are you a registered voter? Yes No

How long have you lived in Tolono? _____

Occupation (if retired, indicate former occupation): _____

Education: _____

Professional/Community Activities: _____

Qualifications related to the position: _____

Describe why you are interested in this position: _____

Do you or your spouse have a financial interest in, or are you an employee or officer of any business or agency which does business with the Village of Tolono? Yes No

If yes, please explain: _____

Today's Date

Applicant's Signature

NOTE: As a candidate for appointment, the above information will be available to the Village President, Planning & Zoning Board, Village Board and the Public. You will be required to appear before the Planning & Zoning Board and Village Board before appointment is made.