



City of Libby

952 E. SPRUCE
POST OFFICE BOX 1428
LIBBY, MT 59923

Phone 406-293-2731
Fax 406-293-4090

APPLICATION FOR APPOINTMENT: City-County Board of Health for Lincoln County

Name: _____

Street Address: _____

Mailing Address (if different) _____

Daytime Phone () _____ Alternate Phone () _____

Email Address _____

Current Occupation _____

How long have you been a resident of Libby? _____

Are you a US Citizen? _____

Educational Background:

Some High School Diploma/GED Some College Associates Degree Bachelor's Degree

Other _____

List Community Service Experience:

What is your interest in serving on the City-County Board of Health for Lincoln County?

Do you have any special knowledge or experience that would qualify you for a position on the Board?

Please provide two (2) Personal references:

Please submit this completed application and an attached resume.

Thank you for your willingness to serve the City of Libby. We will contact you to discuss your application.