



**City Hall**

316 West Lake Street  
Chisholm, MN 55719

Tel: (218)254-7900 Fax: (218)254-7955

[www.ci.chisholm.mn.us](http://www.ci.chisholm.mn.us)

**APPLICATION FOR CENTRAL IRON RANGE SANITARY SEWER DISTRICT (CIRSSD)**

As a district member representing the City of Chisholm you will help and advice on the Central Iron Range Sanitary Sewer District and its treatment of Chisholm/Buhl/Kinney/Great Scott wastewater. The Board is made up of 8 members representing Chisholm, Buhl, Kinney, Great Scott, and IRRRB. Meetings are held January, March, May, July, September, October, and December either the 2<sup>nd</sup> or 3<sup>rd</sup> week of the month at 9:00 am.

Note: As an applicant for City Board or Commission, your name, address, and phone number will be available to the press and the public. You will be contacted regarding your application.

(Please Type or Print Clearly)

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

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

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_  
(If retired, please indicate former occupation/profession)

Education: \_\_\_\_\_

1. What is your understanding/experience of municipal financing?

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

2. Do you have previous experiences or knowledge that relate to wastewater Utility operation?

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

3. Have you served on any other City Board or Commission? If so, list the board/commission and explain your role.

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

4. Briefly explain why you want to be on the Central Iron Range Sanitary Sewer District:

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Signature \_\_\_\_\_

Please return this form to:  
City of Chisholm City Hall  
Attn: Susan Trunk  
316 West Lake Street  
Chisholm, MN. 55719  
Or Email completed form to: [strunk@ci.chisholm.mn.us](mailto:strunk@ci.chisholm.mn.us)