



15 South School Street, PO Box 273, Mayville WI 53050
Phone: 920.387.7900 Fax: 920.387.7919
WWW.MAYVILLECITY.COM

CITY OF MAYVILLE

Application for Appointment – Ward 5 Alderperson

Applicant Information

Full Name: _____

Street Address (Must reside in Ward 5):

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Eligibility Confirmation

I confirm that I am a qualified elector and reside in Ward 5 in the City of Mayville.

Interest & Qualifications

1. Why are you interested in serving as Ward 5 Alderperson?

2. What skills, experience, or background would you bring to the Common Council?
(Include any public service, professional experience, or community involvement)

Acknowledgment

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Submission Instructions

Please return completed applications by **Monday, May 4, 2026:**

 In Person: City Hall, 15 S School Street

 Email: agonstead@mayvillecity.com