



# Board of County Commissioners Agenda Request



**Requested Meeting Date:**

**Title of Item:**

<p>REGULAR AGENDA</p> <p>CONSENT AGENDA</p> <p>INFORMATION ONLY</p>	<p><b>Action Requested:</b></p> <p>Approve/Deny Motion</p> <p>Adopt Resolution (attach draft)</p> <p style="text-align: right;"><i>*provide copy of hearing notice that was published</i></p>	<p>Direction Requested</p> <p>Discussion Item</p> <p>Hold Public Hearing*</p>
<p><b>Submitted by:</b></p>		<p><b>Department:</b></p>
<p><b>Presenter (Name and Title):</b></p>		<p><b>Estimated Time Needed:</b></p>
<p><b>Summary of Issue:</b></p>		
<p><b>Alternatives, Options, Effects on Others/Comments:</b></p>		
<p><b>Recommended Action/Motion:</b></p>		
<p><b>Financial Impact:</b></p> <p><i>Is there a cost associated with this request?</i>                      Yes                      No</p> <p><i>What is the total cost, with tax and shipping? \$</i></p> <p><i>Is this budgeted?</i>                      Yes                      No                      <i>Please Explain:</i></p>		

**MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

EAST CENTRAL Regional Library BOARD

AITKIN COUNTY COMMISSIONER DISTRICT 1

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I wish to be appointed to the East Central Regional Library - Currently I am on the City Library Board, but am wishing to be involved further with ECRLIB. I utilize the library extensively as I have a passion for reading. I have lived in the community a number of years & have served on various boards including - RHCC & Township Gov. Please consider my application.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Renee Larson  
Signature of Applicant

6/16/23  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No X

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No X

**Please return application to the Aitkin County Administrator's office, located at  
307 2<sup>nd</sup> Street NW - Room 310, Aitkin, MN 56431**

NAME OF APPLICANT: Renee LARSON

STREET ADDRESS OF APPLICANT:  
329-4<sup>th</sup> St SE  
AITKIN MN 56431

PHONE NUMBERS:  
DAYS 218-839-0708  
EVENINGS \_\_\_\_\_

**For Office Use Only**

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

Date of Term Expiration: \_\_\_\_\_

Term #: \_\_\_\_\_